	1 -	FOR STATE REGISTRAR		DEPARTI	STATE OF MARYL MENT OF HEALTH AND CERTIFICATE OF	MENTAL HYG	IENE B REG. NO	0	Q Q	9 1
)1		EASED NAME OR PRINT)	YDI A	MIDDLE DOWNTON	ACKER		JANUARY 2		82	7:25A M
1	3. SEX		1,27	4. RACE WHITE	5. DATE OF BIRTH  8/10/07	YEAR	6 AGE (IN YEARS LAST BIRT	M	FUNDER 1 YEAR	IF UNDER 24 HRS
	_	TEMALE STATE OR F	OREIGN	7b. CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY	OF DEATH	
once		MARYLAND		U.S.A.	MARRIED NEVER	MARRIED W	ALLEGA			MD
50	10 CI	Y OR TOWN OF DEA		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MEMOR I AL	IG HOME OR OTHER INS ADDRESS) HOSPITAL		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SCHOOL TH	ON F WORKING LIFE	INDUSTRY	F BUSINESS OR
13.5 must	130. S MA	L RESIDENCE (IF NURS TATE RYLAND THER'S NAME	13P CON	OTHER INSTITUTION, GIVE RESIDENCE BEFOR 13c. CITY OR TOW CUMBER	LAND YES X	CITY LIMITS? NO [] 'S MAIDEN NA	13e. STREET ADDRESS 1815 FR	EDER	ICK ST	REET
examin	17. FM	EDWARD		DOWNTON	EI	TZABET	TH MIDDLE		EISE	EL
medi		AS DECEASED EVER ES, NO OR UNKNOWN) NO	(IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) A. 212-38		ANT	CUMBER A HAMILTON			21502 ERISK
event, the		18 CAUSE OF DEAT	H (Enter on	ly one couse per line for (o), (b), or	d (c).)				APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		E CAUSE (o)	un con	same'			1	
troumotic		1030		DUE TO, OR AS A CONSEQU	ENCE OF					
roon		Conditions, if ony, gove rise to imm		(b)						
or other	bo	couse (o), stotin underlying couse	g the	DUE TO, OR AS A CONSEOU	ENCE OF					
		PART 2. OTHER SIGN	JIEIC ANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATE	D TO THE TERM	INAL DISEASE OR CONF	DITION GIVE	N IN PART 10	2,
injury,	NO	TAKT 2. OTTEK STOT	Jen	enton from	leain int	ungen	trily			
2 kuo smoys	CERTIFICATION	19a, DATE OF OPERA	ION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	ORMED	200 AUTOPSY?		WERE FINDING CAUSES	
Item 18 sh	_	210. ACCIDENT WAS UNE	CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	NJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PA	RT I OR PART 2)	
5	MEDICAL	21d. INJURY OCCURI	RED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f. LOCAT	ION ET	CITY OR TO	WN	COUNTY	STATE
21 is morked		sow the deceou	d alive on	tol) ottended the deceosed from	SE ond that in Tax	Qour) opinion	deoth occurred on the do			that (we) lost couses stated
T. If Hem		226 SIGNATURE	3	elleni	2 DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE 279	SIGNED lade
IMPORTANT: If		DR . ANT			22e. ADDRE 95		ERICK ST.	CU	MBERLA	AND, MI
₹-	23a. E	URIAL, CREMATION,	REMOVAL		NAME OF CEMETERY OR	CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
_	,	BURIAL		1/30/82 FR	OSTBURG M	EM PA	RT FROSTB	URG, A	LLEGA	NY MD
1/81	27.10	NAMY / Kircle	2 - 1	Sowers 60 W L HOME FROS	. MAIN ST.	FEE	TE REC'D. BY REGISTRAR 1982	Tione !	ARS SIGNAT	URE .

STATE OF MARYLAND

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REGISTRAR  MEDICAL SEASON NAME    Past   Nancy   Florence   Nancy   Na		FOR STATE			DEPARTMENT OF		ARYLAND AND MENT	AL HY	GIENE 8	:)	0	0 0	0 :
Nancy   Florence   Bennett   OEATH MATED XX Jan.	R	REGISTRAR	FIRST	WE		IER'S C	ERTIFICAT	TE OF	DEATH			H DAY YEAR	25 LU
Female White Sept. 029, 1889 1 90 9818 BREIGHTS DAYS MODERS DAYS MODER DEAD JAN. 18, PRONJUNCED JAN. 18, P			Nancy	Ŧ	-lorence	Ben	mett		OF	ESTI.			4 . (
POPUMA.  U. S. A. MARRIED   NEVER MARRIED   NEVER MARRIED   NUMBONED   NEVER MARRIED   NUMBONED   NEVER MARRIED   NEVER MARRIED   NEVER MARRIED   NUMBONED   NEVER MARRIED   NUMBONED   NEVER MARRIED   NEVER						AY) MONTHS			IN PRONO	INTERES -	an. 1	8, 19 82	X
Cumberland,  D. O. A. Memorial  USUAL RESIDENCE (F IN NURSHOCHOLD OF OTHER INSTITUTION, GIVE RESIDENCE SHORM ADMINISTRATE)  13a STATE Va.	To. BIR	Penna.	E OR								-	NTY OF DEATH	
130 SWTE Va.   134 COUNTY   134 CHIPTOR TOWN   135 CHIPTOR TOWN   13	Cu	umberlan	id,	D. O. A	Memorial	Hospi	tal		FOR MOST OF V	VORKING LIEEL	YPE OF WORK	Own H	STRY
Topin   W. Smith   Susan   S	USUAL 130 SI	TE Va.	IN NURSING HOME OR	OTHER INSTITUTION, G	13 CITY OR TOWN Ridgeley	ION)	YES NO	MITS?   13	street add	St.			
Mrs. D. Arvella 3 Lyons St. Ri    Record   Part   Death (Enter only one cause per line for (a), (b), and (c).)		John	EVED INTITE ADAM	W	Smith	VNO	Susan	2	NAME		cc	Colli	18
PART I DEATH WAS CAUSED BY:    Death was caused by:   Due to, or as a consequence of	YES	S, NO OR UNKNOWN	(IF YES, GIVE W		160. SOCIAL SECORII	140.			vella 3			Ridgele	9, W
Arthritis  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  218. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  199. DATE OF OPERATION  216. INJURY OCCURRED WHILE NOT WHILE AT WORK  216. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  216. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  217. LOCATION STREET  CITY OR TOWN  COUNTY  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  DATE SIGNED INJURY  M. D. ASSIST DEP MEDICAL EXAMINER  DATE SIGNED INJURY  AND ASSIST DEP MEDICAL EXAMINER  DATE SIGNED INJURY  AND ASSIST DEP MEDICAL EXAMINER  DATE SIGNED INJURY  TITLE (SPECIFY)  M. D. ASSIST DEP MEDICAL EXAMINER  DATE SIGNED INJURY  ACTUAL SIGNATURE	7	Canditions, gave rise couse (a) sta	IMMEDIATE  if any, which to immediate ating the under-	BY: E CAUSE (a)  DUE TO, OF	r as a consequence	OF	umonia,					APPROXIM. BETWEEN ON	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I toak charge of the remains described above, held an Autopsy Inspection Natural causes Accident Accident Home.  Accident Accident Home.  ACTUAL SIGNATURE  WINDERLYING OR CONTRIBUTING OR STREET CITY OF TOWN COUNTRIBUTING STREET CITY OF TOWN COUNTRIBUTING STREET CITY OF TOWN COUNTRIBUTING ACTUAL SIGNATURE ACCIDENT NATURE OR STREET CITY OF TOWN COUNTRIBUTING ACTUAL SIGNATURE ACCIDENT NATURE SIGNATURE  DATE SIGNATURE SIGNATURE SIGNATURE  DATE SIGNATURE SIGNATURE SIGNATURE  DATE SIGNATURE	- 5	PART 2 OTHER SIGNII	_		BUT NOT RELATED TO THE TERM	AINAL OISEASE	OR CONDITION GIVE	EN IN PART 1	(0).				
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  220: I certify that I toak charge of the remains described above, held an Autopsy Inspection (ITY or TOWN). Inquiry (And in my a pinic death resulted from: Natural causes (ITY or TOWN). Noticide (ITY or TOWN)  ACTUAL SIGNATURE  WASSIST DEP MEDICAL EXAMINER  DATE SIGNATURE	IFICAT	19a. DATE OF OI	PERATION	196 CONDI	ITION FOR WHICH OPER	RATION WA	AS PERFORMED	)?	y if L			20 AUTOPS	
AT WORK AT WORK  220. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . In		UNDERLYING	OR	HOUR A.A	M. MONTH DAY YEAR		W INJURY OCC	CURRED	ENTER NATURE OF	FINJURY IN ITEM	18 PART 1 OR	PART 2)	
death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner ,  ACTUAL SIGNATURE	MEDIC							1	CITY OR	TOWN		COUNTY	ST
EXAMINER'S NAME Giovanni Mastrangelo, M. D. ADDRESS 900 Seton Dr. Cumberland,		ACTUAL SIGNATURE	fram: Natura	al couses (X)	Accident , Su	vicide ,	Homicide TITLE (SPECI	IFY) Dep	Undetermined	manner	DATI	E 1/18/8	
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY SUPPORT TOWN Nr. Baker, Hardy		JRIAL, CREMATIC	ON, REMOVAL 23	b. DATE	23c. NAME OF CE.	METERY OF	CREMATORY		23d. LOCATIO	N	cc	DUNTY	STATE Va.

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1	FOR STATE		TMENT OF HEALT!		Alba Sar da	U	UU	3
1	REGISTRAR DECEASED NAME FIR		L EXAMINER 3	CERTIFICATE O		REG. NO.	DAY YEAR	21 11011
	TYPE OR PRINT!		70-		20. DATE KN OF E	STI-		26. HOUR
L		rlotte E		idges	DEATH M.	ATED Ja:	n.12, 82	8:30%
3. 3	EX 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	LAST BIRTHDAY) MON	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCE			2d. HOUI
	emale White				DEAD	Jan.	12, 1982	JU'AN
1/0	BIRTHPLACE (STATEOR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	JNTRY?	RIED NEVER MARRI	ED 🗌	E CITY OR COUN	ITY OF DEATH	
100	Penna.	U.S.A.	WIDO	45	ED All	egany	Trail was a constant	ME
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	IURSING HOME, OR OTI E STREET ADDRESS)	HER INSTITUTION	12e. USUAL OCCUPAT FOR MOST OF WORKING	G LIFE)	OR INDUSTRY	Υ
	Mt. Savage	Box 197 B	Mt. Sava	age	Housew:	ife	Own Hor	ne
		OME OR OTHER INSTITUTION, GIVE RESIDEN DUNTY 13c. CI	TY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	Maryland A	llegany Mt	Savage	YES NO NO	Box :	197 B		
14	FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDE FIRST	N NAME MIDDI		LAST	
1	Charles	A. M	eyers	Mary		St	urtZ	
16	(YES, NO, OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	OCIAL SECURITY NO.	17. INFORMANT			x 197 B	
L	No	21	8-70-1575	Mrs. El	Lsie Moor	3, Mt.	Savage,	Md.
Г	18 CAUSE OF DEATH (Ent	er only ane cause per line far (a),	(b), gnd (c).)	4	1		APPROXIMATE II	NTERVAL AND DEATH
	PART I DEATH WAS CA	DIATE CAUSE (a)	Caraco	C A	These	•		
	4140	DUE TO, OR AS A CO	ONSEQUENCE OF	la la		4		
-	Candifians, it any, w		bably	Coson	ary a	serios		
	couse (a) stating the <u>ur</u> lying cause last.		ONSEQUENCE OF		1			
	lying coose last.	(c) Sill	000					510
1		TIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL OISEA	SE OR CONDITION GIVEN IN PAI	RT 1 (c).			
	196. DATE OF OPERATION	119h CONDITION FO	R WHICH OPERATION V	VAS PEREORMED?			20 AUTOPSY?	
	E INC. DAIL OF GILLATION	The Conditional	R WINCH OF ERAFION	VASTERIORNIED:				
+ 1	710. EXTERNAL CAUSE WA	S 21b. TIME OF INJURY	/ I 21c H	IOW INJURY OCCURRE	D JENTED NATURE OF INJURY	IN ITEM 18 DADT 1 OD 0	YES ART 2)	NO [X
		HOUR A.M. MONT		OW MAJOR FOCCORRE	D (FILLER LANDAR OF HOOK)	ATTEM TOTAL TOTAL	AN 1 2 )	
	CONTRIBUTING CAUSE	OF DEATH P.M.	19 11 10 11 10 11 10 11 10 10 10 10 10 10	CATION				
		STREET, FACTORY, FARA		STREET	CITY OR TOWN	cc	YTAUC	STATE
	AT WORK AT WORK							
١.	22a. I certify that I taak	harge of the remains described a	bave, held an Auto	psy , Inspection	n Inquiry	, and in my o	pinion	
	death resulted fram:	Natural causes X, Accide	nt , Suicide	, Hamicide .	Undetermined mann	er .		
		N	1. 0	TITLE (SPEC(FY)				
1	ACTUAL SIGNATURE	· yancisco	luys	A.D. Asst. De	DMEDICAL EXAMIN	ER SIGN	ED 1-12-	82
7	EVALUEDIS MANE		10				Ma.	
	(TYPE OR PRINT)	ncisco Reyes	M.D.	ADDRESS Sacre	ed Heart	Hosp.,	Cumber .	land
23	BURIAL, CREMATION, REMOV	AL 23b. DATE 23	. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	COL	UNIY STA	ATE
	Burial	Jan. 15 ! 82 M	ethodist	Cemetery	Mt. Sav	age MAl		Md
24	FUNERAL DIRECTOR	ADDRESS		25c. D'ATE	REAL PLY RECYSTRATE	25) REGISTRA	MISSIA NORT	orthilliann
			rostburg.			1906	*	
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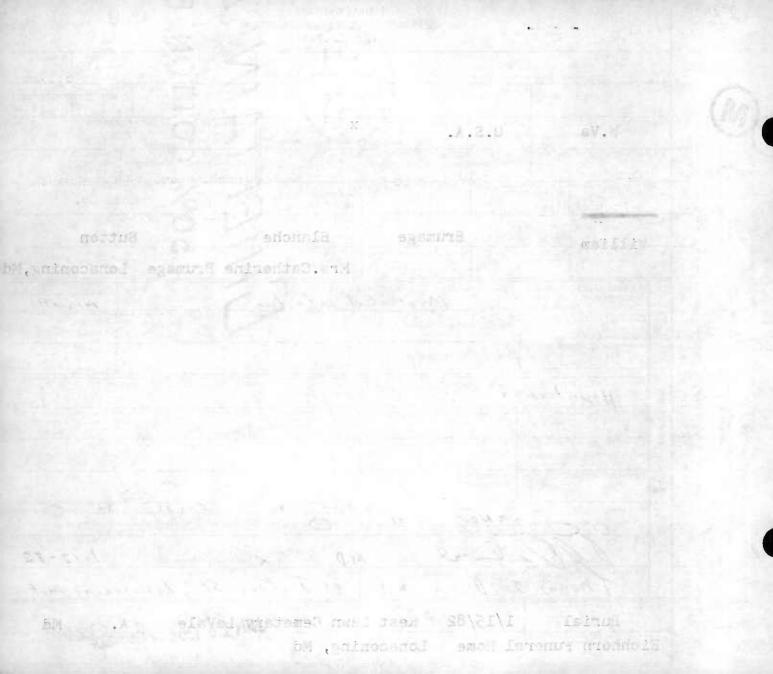
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-		CEASED NAME FINE OR PRINT)	Laura	MIDDLE	Bre	ode		1/XXX	11/	H DAY	YEAR	26 HOUR 10:20
M	3. SE	female	4. RACE	ite	5. DATE OF B		93 <sup>AR</sup>	6. AGE IN YEARS		) IF	UNDER I YEAR	IF UNDER 2
3/	7a. B	IRTHPLACE ISTATE OR FOREK	7b. CITIZEN	OF WHAT COUNTRY?	8	NEVER MA		9. BALTIMORE C	ITY OR CO	UNTY O	FDEATH	
J Gete		Frostburg	Fros	OF HOSPITAL, NURSIN ISUCH FACILITY, GIVE STREET TOURS COMM	ADDRESS)	-	TUTION	120 USUAL OCC (TYPE OF WORK FOR HOU	UPATION	KING LIFE)	12b. KIND OI INDUSTRY OWN	Home
36	130.	MD	COUNTY Allegany	Frostbu	/N 13d	INSIDE CIT	Y LIMITS?	13e STREET ADD	t Ple	asan	t St.,	
3 Parline		Burman	Daniel		Sep.	Mai		MI	Nels	son	vetic	KOOK
e medicol		WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCE: YES, GIVE WAR OR DATE:			J M	it Mallery		n Ter	race	., Fro	stbu
ent, th		18 CAUSE OF DEATH (E) PART I. DEATH WAS C	nter only one couse CAUSED BY:	Intract	able .	chru	K	sept	ic		BETWEEN	MATE INTER
9		A 15 IMM	MEDIATE CAUSE (0)						- 10		0 200	1
, DE		12500	DUE TO	OR AS A CONSEQU	ENCE OF	. 1/1.	Lima	d and	11 110 000			
ather troumal		Conditions, if any, wh gove rise to immedia cause (a), stating underlying cause to	ote	Urinery	frust,	sofu. Mell	hion.	d pre	umer	m		
njury, ar	NOI	gove rise to immedia	ote the DUE TO	Christa constau	FUEL /	mell mell ents	hion of the termination	A PNO	CONDITIO	IN GIVEN	IN PART 110	
Sws any injury, ar	TIFICATION	gove rise to immedia couse (a), stoting underlying couse lo	CANT CONDITIONS	Christa constau	PRICE OF DEATHBUT NO WAS CH	ents	nic	NAL DISEASE OR  200 AUTOPSY  YES   NO	20b. IN (	IF YES, V	VERE FINDIN	GS USED OF DEAT
18 shows any injury, ar	CAL CERTIFICATION	gove rise to immedia couse (a), stating underlying couse to part 2 OTHER SIGNIFIC TO DEPART 2 OTHER SIGNIFIC TO DEPART SIGNIFIC TO DEPART SIGNIFIC TO DEPART SIGNIFIC TO DEPART SIGNIFICATION OF CONTRIBUTING CAUSE COURT COURT COURT SIGNIFICATION CO	OPE TO DUE TO DOST.  CANT CONDITIONS  1 196. COI  ING	OR AS A CONSEQUE OF INJURY A.M. MONTH D.	PINCE OF DEATH BUT NO LOPERATION W	INTS VAS PERFOR	MED MED	20a AUTOPSÝ	20b. IN C	IF YES, V CERTIFYIN YES {	VERE FINDIN	GS USED
Item 18 shows any injury, ar	MEDICAL CERTIFICATION	gove rise to immedia couse (a). Stating underlying couse (c)  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF ETHER. NOTIFY MEDICALE)  21d INJURY OCCURRED  WHILE NOTIFY MEDICALED  WHILE NOTIFY MEDICALED	OPE TO DUE TO DOST.  ANT CONDITIONS  ING	OR AS A CONSEQUE OF INJURY	PILET PRICE OF PILET PRICE OF PILET	INTS VAS PERFOR	MED  URY OCCURRI	20a AUTOPSY YES NO	20b. IN C	IF YES, V CERTIFYIN YES {	VERE FINDIN	GS USED OF DEAT NO
y injury, ar		gove rise to immedia couse (a), stating underlying couse (c)  PART 2 OTHER SIGNIFIC  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL ED) WHILE NOTIFY MEDICAL ED  WHILE NOTIFY MEDICAL ED  WHILE NOTIFY MEDICAL ED  WHILE NOTIFY MEDICAL ED  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL ED  22d. 1 certify that (1) (thus	DUE TO DOST.  (c)  EANT CONDITIONS  ING	OR AS A CONSEQUE CONTRIBUTING TO LIST OF THE CONTRIBUTION FOR WHICH  E OF INJURY A.M. MONTH D.  P.E. OF INJURY C. STREET, FACTORY, OFFICE, F	PILET PROCE OF PILET PROCESSION WITH AN YEAR 19 211	VAS PERFOR	MED  URY OCCURRI	20a AUTOPSY YES NO	20b. IN C	IF YES, V CERTIFYIN YES {	VERE FINDIN NG CAUSES	GS USEE OF DEAT NO
Item 18 shows any injury, ar		GOVE rise to immedia couse (a).  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING ☐ CAUSE (IF EITHER NOTIFY MEDICAL ES)  21d INJURY OCCURRED  WHILE AT WORK  22a.1 certify that (1) (this sow the deceased above, (1) (we! (did	DUE TO DOST.  (c)  EANT CONDITIONS  ING	OR AS A CONSEQUE CONTRIBUTING TO LIST OF THE CONTRIBUTION FOR WHICH  E OF INJURY A.M. MONTH D.  P.E. OF INJURY C. STREET, FACTORY, OFFICE, F	PILET PRINCE OF PLANT IN OPERATION W.  AY YEAR 19 211 FARM, ETC.) 211	TE HOW INJU	MED  URY OCCURRI	20a AUTOPSÝ YES NO ED (ENTER NATURE	20b. IN C	IF YES, V CERTIFYIN YES ( EM 18 PART	VERE FINDING CAUSES  OR PART 2)  COUNTY	GS USEE OF DEAT NO
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NT: If Item 21 is morked or Item 18 shows any injury, or		GOVE rise to immedia couse (a).  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING ☐ CAUSE (IF EITHER NOTIFY MEDICAL ES)  21d INJURY OCCURRED  WHILE AT WORK  22a.1 certify that (1) (this sow the deceased above, (1) (we! (did	OPE THE DUE TO DOST.  (c)  EANT CONDITIONS  ING	OR AS A CONSEQUENCE OF INJURY A.M. MONTH D. P.M. CE OF INJURY CE OF IN	PINCE OF DEATH BUT NO DEATH BUT	F LOCATION STREET  Hot in (my) (c)  GREE  AT  PH  Re ADDRESS	MED  URY OCCURRI  N  19  Our) opinion d  TENDING HYSICIAN	YES NO CONTROL OF THE PROPERTY	TOR TOWN  STAFF HYSICIAN [	IF YES, V CERTIFYIN YES ( EM 18 PART	COUNTY  COUNTY  And from the county	GS USED OF DEATI NO  St
tem 21 is marked or Item 18 shows any injury, ar	MEDICAL	gove rise to immedia couse (a), stating underlying couse (c)  PART 2 OTHER SIGNIFIC  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL E)  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL E)  22a. I certify that (1) (this sow the deceased above, (1) (we) (did of 22b. SIGNATURE)	OST. (C)  ANT CONDITIONS  ING 19b. COL  ING 21b. TIM HOUR  AMINER)  Z1b. TIM HOUR  AMINER)  Z1c. PLA (AT HOME	OR AS A CONSEQUE  OR AS A CONSEQUE  CONTRIBUTING TO  ADITION FOR WHICH  E OF INJURY  A.M. MONTH D.  P.M.  CE OF INJURY  A the deceased from	PINCE OF DEATH BUT NO DEATH BUT	H LOCATION STREET  H LOCATION STREET  H LOCATION STREET  ATT PH Re ADDRESS  Tarn T  ETERY OR CR	MED  URY OCCURRI  N  19  Our) opinion d  TENDING A  YSICIAN A  Cerrace	20a AUTOPSY YES NC D (ENTER NATURE)  CIT  CIT  MEDICAL DIRECTOR P	TOP INJURY IN ITI	IF YES, V CERTIFYIN YES ( LEM 18 PART  19  MD.	COUNTY  21532	GS US OF DE NO

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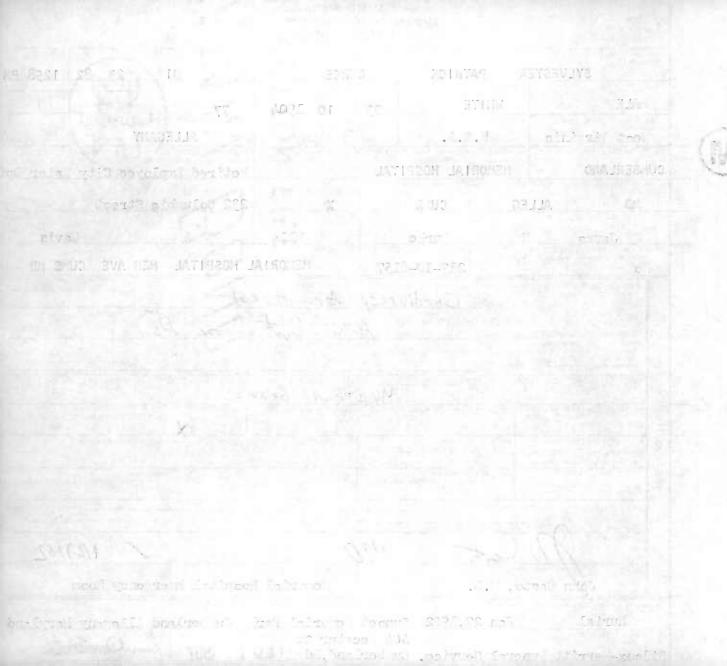
		STATE REGISTRAR	, per pict	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 0 0 0 0
		CEASED NAME FIRST	MIDDLE	LAST .	20. DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
	(1111)	, e la company	CATEN BRUMACE		1 12 98	82 5:19am M
	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
		M	W	7 31 920	61	The state of the s
35	70. B	RTHPLACE (STATE OF FOREIGN COUNTRY) W . Va	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COL	
52	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR
)de	10.711	Cumb AL RESIDENCE (IF NURSING HOME	Sacred Hear	t Hosp.	mach oper	John Duckworth
33	13a. :	STATE 113b CO		N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	Coal Co.
10	14.77	THER S HAME S	MIDDLE LAST	FIRST	AME Route 36, No	Sutten
1	16a \	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU		ADDRESS	
1			220104858	Mrs.Cathe	rine Brumage	Lenacening, M
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G	CATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE (c)  T CONDITIONS CONTRIBUTING TO 1	ENCE OF	MINAL DISEASE OR CONDITION    200 AUTOPSY?     200	N GIVEN IN PART 1:a
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9	MEDICAL CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAU	DUE TO, OR AS A CONSEQUIDATION OF AS A CONSEQ	ENCE OF  DEATH BUT NOT RELATED TO THE TER  OPERATION WAS PERFORMED  216, HOW INJURY OCCU  19  211, LOCATION	MINAL DISEASE OR CONDITION  200 AUTOPSY? 206 IN C YES NO	N GIVEN IN PART I I a  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES
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2 2		3. SEX	M	4. RACE	5. DATE OF	DAY YE				HOURS 1		DATE	D	MONTH	Li	6 S	2d HOUR
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DEATH. DEATH. GES 1, M PM AND 2	1)//		Jeren		MIDDLE		Bucy		FIRS	ST		MIDDE	LE		Bo	AST	
AO A PAGE	7 '	16a. W.A	S DECEASE	DEVER IN U.S. ARA	MED FORCES	S? 16b.	SOCIAL SECU		17. INFORMA	achae	4	,	ADDRESS	003	11: 7	1 /11-	Des
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN 1EM 18. GIVE PAGES 1, 2, AND RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA RES SHOULD BE USED AS A BURSHIT FIFEMENT PAGES 1 AND 2 SHOULD FIFE PROADTMENT OF HEALTH AND MENTAL HANGINER DIVISION OF WITH PENDING.		No.	NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	2	14-05-	6692	Mrs.	Anna	Dugare			Cimy	nrT.	l Top	MQ DI.
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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
		SYLVEST	ER PATRICK	BURKE	01	23 82 1258 PM
	3 SEX	(	4 RACE	5 DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
		MALE	WHITE	03 10 1904	77 YRS.	
e.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COUNTY	OF DEATH
35		West Virginia	U.S.A.	WIDOWED DIVORCED	ALLEGANY	MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
<b>動</b> 0		MBERLAND	MEMORIAL HOSP	ITAL	Retired Employee	
5		AL RESIDENCE (IF NURSING HOME COL	DR OTHER INSTITUTION, GIVE RESIDENCE BEFO		13e STREET ADDRESS	
3			LEG CUMB	YES NO	232 Columbia Str	reet
nine	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
11 m		James	H Burke	Ella	A	Davis
medico		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	
1	1	No	217-10-	6157 MEMORI	AL HOSPITAL MEM /	
, <del>†</del>		18 CAUSE OF DEATH (Enter of	only one cause per line far (a), (b) of	nd (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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troumotic		Conditions, if any, which	(b)	JENCE OF Anterio & dent	ic Upse PS.	
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEO	JENCE OF		
or other		underlying couse last.	(c)			
injury, o	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER		N IN PART 1(a)
	Ē			1 1/03   1 1/0	VIS	144505 5840 440 - 440 -
S ony	CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
18 shows	1 2	210. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY	Tate HOW IN HIRV OCCU	YES NO YES	
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o pa	MEL	WHILE IN NOT WHILE IN	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
morked						
15	1	saw the deceased alive a	pital) attended the deceased from		, ta, 1 n death accurred an the date and haur	and from the causes stated
Item 2		obove, (I) (we) (d/d Vdid n 22b, SIGNATURE	not: view the bady after death.	DEGREE		22c. DATE SIGNED
with the State Dept. of Heal		M A	11	MA ATTENDING	MEDICAL STAFF	1/27/87
N	-	22d. PHYSICIAN'S	OR DDINT)	PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSICIAN	1101102
With the State D			sto, M.D.		Hospital Emergence	T. Room
W	-					,y 100m
	23a. B	SURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
_	74 FI	Burial UNERAL DIRECTOR		Sunset Memorial Par	rk Cumberland Al	Legany Maryland
/76		NAME		404 Decatur St	0 4	/ //
<b>()</b> )	Si	<u> Lcox-Merritt Fi</u>	uneral Service.	Cumberland, Md   F	RT 1885 Karen	



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Aircraft Machinist Rt. #3, Box211D, Bedford Rd Lowerv Cumberland, Maryland, 21502 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 hours CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 19 \_\_\_\_\_\_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 771 DATE SIGNED 1-31-87 hions Manor Narsing Home Cumberland Md. Burial "Hyndman, "Bedford" Pa Porter Cemetery 24. FUNERAL DIRECTOR DHMH - 16 50M 1/81 Harwey H. Zeigler Hyndman. Penna (VRA 15, 4)

25 HOUR

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1 - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	1 4
1. DECEASED NAME F	MIDDLE MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26	HOUR
	ITH MYRTLE	BUSH	JANUARY 22, 1982	30 A
Female Female	Cau.	5. DATE OF BIRTH 9711/93AY YEAR		UNDER 24 HRS
7g. BIRTHPLACE (STATE OR FORE COUNTRY) Pennsylvania	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY	
10. CITY OR TOWN OF DEATH Cumberland	(IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION REET ADDRESS) EART HOSPITAL	120 USUAL OCCUPATION 12b. KIND OF B	USINESS O
ennsylvania I	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BE COUNTY 136. CITY OR TO Bedford Hyndma	n 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
Henry Shaffer	MIDDLE LAST	Elnora Bran	MIDDIE	
160 WAS DECEASED EVER IN ( (YES NO OR UNKNOWN)	J.S. ARMED FORCES? 166 SOCIAL SE YES, GIVE WAR OR DATES) 211 36	1010	ADDRESS Hyndman, Pennsylvania	
PART 2. OTHER SHALLER	CANT CONDITIONS CONTRIBUTING T	ODEATH BUT NOT RELATED TO THE TERM	reases	
1/16/8	2 Challe	getetes with lother		DEATH?
OR COLUMNIA COLUMN	E OF DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2)	
(IF EITHER NOTIFY MEDICALE  21d. INJURY OCCURRED  NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN COUNTY	STATE
saw the deceased o above, (I) (we i (did)	haspital) attended the deceased from live an 19 (and not) view the body after death.	ond that in (my) (our) opinion	, to, 19, that death accurred an the date and haur and from the cou	ses stoted
221 SIGNATURE  223 PHÝSICIAN'S NAME	W Sturr	DEGREE ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN   / //	182
ANDREW STA			IVE, CUMBERLAND, MD 2150:	2
23a BURIAL, CREMATION, REN		RENAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial | 1/24/82 | Hyndman C

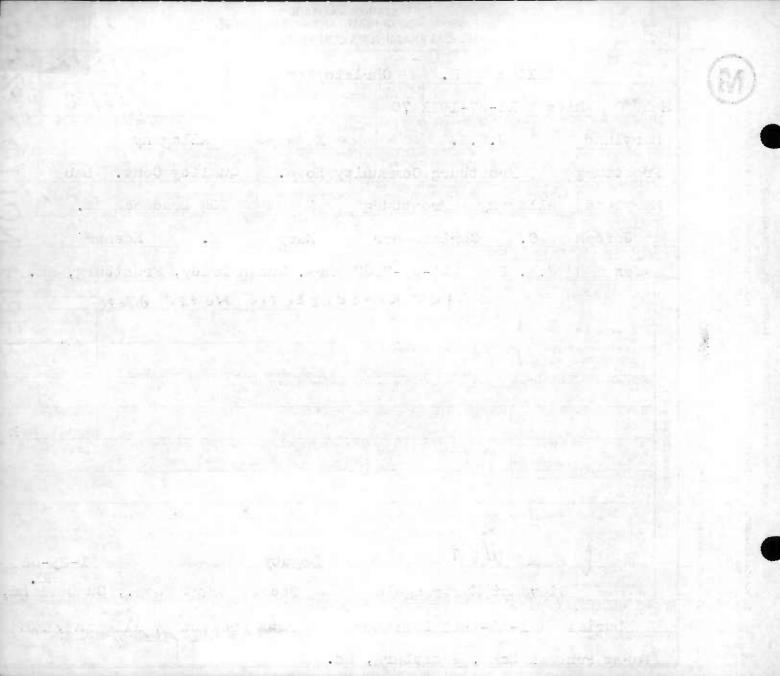
4 FUNERAL DIRECTOR

ADDRESS

ZEIGLER FUNERAL HOME, HYNDMAN, PA. 15545

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3	(TY	PE OR PRINT)	Wil	liam	R. (	hris	topher		OF ESTI-		23/82	- 11
1	3. SE	X 4	I. RACE	5. DATE OF BIRTH	1 6. AGE (IN	YEARS IF U		R 24 HRS. 2c.	DATE	MONTH	DAY YEAR	2d 1
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7	E/	RTHPLACE (STA			VHAT COUNTRY?	8. MARE	IED NEVER MAR	RIED 9. BA	ALTIMORE CI	TY OR COUN	TY OF DEATH	
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1		rostbu		(#F NOT IN SUCH F	SPITAL, NURSING HO FACILITY, GIVE STREET ADDRES Durg Comm	S)		FOR MOST O	CCUPATION OF WORKING LIFE LITY (	Cont.	12b. KIND OF B OR INDUS Lab	TRY
r	USU.		IF IN NURSING HOME C	OR OTHER INSTITUTION, O	IJC CITY OR TOWN	SSION)	13d. INSIDE CITY LIMITS?	II3e STREET A	DDRESS			
-		Marylar	nd Al	legany	Frostbu	ırg	YES X NO [		+ Brad	ddock	St.	
7	14. F	ATHER'S NAME FIRST		MIDDLE	LAST		IS. MOTHER'S MAI		MIDDLE	10.00	LAST	
6		Jose	eph		hristophe		Mary	18		Koer	ner	170
1	160.	WAS DECEASED ES, NO, OR UNKNOV	EVER IN U.S. AR/	WED FORCES? WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADD	RESS		
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_	CERTIFICATION					3-0-1-			1.5.		11 1 2	5
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	MEDICAL	21d. INJURY OF WHILE AT WORK	NOT WHILE C		OF INJURY (AT HOME, CTORY, FARM, ETC.)		OCATION STREET	CITY	OR TOWN	cc	DUNTY	ST
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		death resulted	d fram: Natur	ral causes	Accident,	Suicide	, Hamicide	Undetermin	ed manner			
23		ACTUAL SIGNATURE_	fren	- Illa	strayel	<u> </u>	TITLE (SPECIFY)  A.D. Deput	<b>₹</b> MEDICAL	EXAMINER	DATE	ED 1-25	-8
9	1-	EXAMINER'S N	NAME ~ .					2 TT	1 77			Id.
		(TYPE OR PRIN			astrangel			red Hea		osp.,	Gumber	·1a.
	23a.B	URIAL, CREMAT	ION, REMOVAL 2				OR CREMATORY	23d. LOCAT	WN	cou	INTY	STATE
	24 5	Bur UNERAL DIRECT	rial	1-26-1	982 Frost	burg	Mem Por	M From	burg	AVDE	gany,	Md
	1	NAME		ADDRES			* * <sub>\$\text{dec}</sub>	E REC D. WI RED	WAR POL	Tarana I	SIGNATURE	
)		Durst	Funera	1 Home,	Frostbur	g. M	d					



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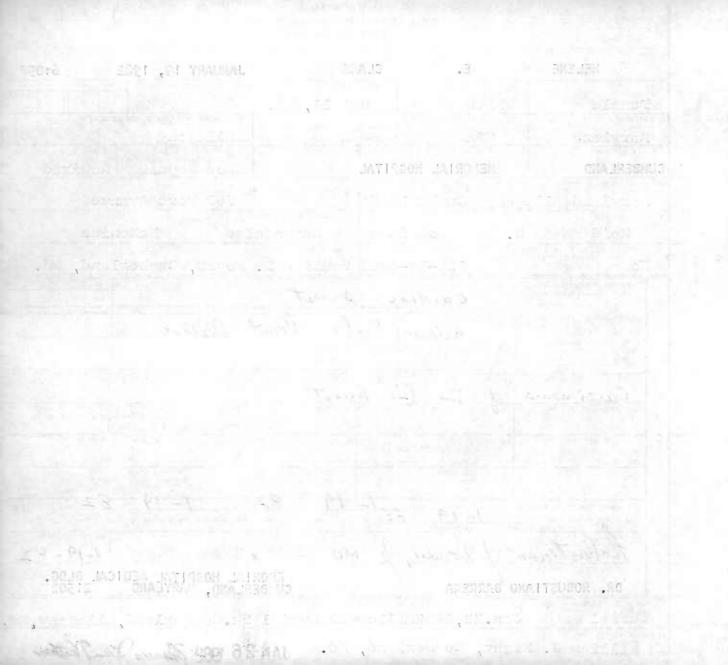
DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 20. DATE OF DEATH MONTH MIDDLE 2h HOUR TYPE OR PRINTS EARL EDWARD CLARK JANUARY 19, 1982 12:45P SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MOA pril DAS Male White 1907 74 JO. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) Md. U. S. A. ALLEGANY COUNTY. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland SACRED HEART HOSPITAL Laborer Coal Mines USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13e STREET ADDRESS
Gilmore Md. 13c. CITY OR TOWN 13d INSIDECITY LIMITS? Md. Allegany Gilmore NO IX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Snyder Mary Clark Edward 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST Mrs Lucinda Broadwater Gilmore Md. 232-01-1250 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-Congestive Heart Fuilure Years IMMEDIATE CAUSE (o) Atheroschootic & Hyportensive Heart disease Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION obstructive luns 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM ETC ) 220.1 certify that (1) (this hospital) attended the deceased from Jan and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated did did not view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 1-20-81 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 55 JACKSON ST., LONACONING, MD. 21539 DEVLIN, THOMAS J. MD. 23d. LOCATION 230 BURIAL, CREMATION REMOVAL NAME OF CEMETERY OR CREMATORY Moscow Mills Allegany Md. Laurel Hill Cem. 250 MINREZ DEBY IS THE TRAIN BOAL'S FUNERAL HOME, 111 CHURCH ST., WESTERNPORT, MD.

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		CEASED NAME FIRST		MIDDLE	LAST		20 DATE OF DEATH		Y YEAR	26 HOUR
oy be		HELENE	*	E.	CLARK	- R. D. W.	JANUARY 1	9, 1982		6:05P M
0 m	3. SE		4. RACE		5. DATE OF BIRTH -		6. AGE (IN YEARS LAST BI		FUNDER I YEAR	HOURS MIN
9 6 a		Female	Whit		August 11,	1911	70	YRS.		
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IMO n on Pog		NO (IF 123, G	IVE WAR OR DATES	220-10-	4666 Pauli	ne L.	Moyer, C	Cumber	land,	Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician.  Wher this certificate has been signed by the ottending physician and campletely filled in by as the burial-transit permit. Then please remave carbanpopers. Pages 1 and 2 shauld be filled that and Mental Hygiene prior to burial, cremation, or remaval.  arked at Item 18 shaws any injury, at ather traumatic event, the medical examiner must be factored at the contraction of the contraction.		18 CAUSE OF DEATH (Enter-PART I. DEATH WAS CAUS IMMEDI Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last.	DUE TO, (b)_	Can día DR AS A CONSEOUI ANTERNO DR AS A CONSEOUI	ENCE OF SCIENATIO	Heart	2 Bisene	Κ		
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DHMH - 16 50M 1/76 (VR A 15 (4))	24. F	William G.	Kight,	Cumber:	land, Md.	JAN 2	REC'D. BY REGISTRAL	25b. REGISTR	AR'S SIGNAT	The :



	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HY TICATE OF DEATH	GIENE 8	2 ( REG. NO.	0 0	)   4
		CEASED NAME E OR PRINT)	FIRST		MIDDLE		ASI	20. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
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5	-	AL RESIDENCE (IF NURSIF STATE	NG HOME OR OTH 13H COUNTY MINER		GIVE RESIDENCE BEFORE  13c CITY OR TOW  ELK GARD		13d INSIDE CITY LIMITS?	RT 1 B			
ä	14 FA	ATHER'S NAME	MIDE	DLE	LAST		15. MOTHER'S MAIDEN NA	AME	WIDDLE		LAST
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3		VAS DECEASED EVER II YES NO OR UNKNOWN)	N U.S. ARMEI		216 07 9		ELSIE CLISE	ELK (	ADDRESS WARDEN. W	/V .	
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	<	JOHN MEHA					22e ADDRESS 909-B SETON	DRIVE,	CUMBERLA	AND. MD.	21502
	23a. B	BURIAL, CREMATION, R		14 DATE			EMETERY OR CREMATORY	23d LOCA		COUNTY	STATE

DHMH-16 50M 1/81 (VRA 15, 4)

BOALS FUNERAL HOME

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AFTER DEATH DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 3 SHOULD BE FILED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. F BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditians, if gave rise to cause (a) stati lying cause las	any, which immediate ang the under-	(b)	dyperto	NSEQUENCE  ONSEQUENCE  ATED TO THE TER	Hear			[ ] 101.						
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STATE OF MARYLAND

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(SPECIBurial Memorial Park BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 MAIN STREET LONACONING (VRA 15, 4)

23a BURIAL CREMATION, REMOVAL

THOMAS DEVLIN. M.D.

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

25a. DATE REC'D. BY REGISTRAR 15h. REGISTRAR 5 SIGNATURE FEB & JUKL

Marie

55 JACKSON STREET, LONACONING, MD21539

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(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST  NG PHYSICIAN: The low requires that the death certicateding physician.  Then this certificate has been signed by the attending is as the burial-transit permit. Then please remove carbon than and Mental Hygiene prior to burial, cremation, ar removed or them 18 shows any injury, or other traumatic evaluation.	gove couse underly		DUE TO, OR AS A (c) CONDITIONS CONTRIB	CONSEQUENCE	E				1	
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16 50M 1/81 RA 15, 4)	24 F	UNERAL DIRECTOR	Scarpell	i. Cumbe	rland	Md. 25AN		PREGISTRATE SELECTION	More

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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

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James F. Scarpelli, Cumberland,

FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

SUDDEN

5. YEARS

YES [

250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE

COUNTY

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1982

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STATE OF MARYLAND

FOR STATE REGISTRAR	}		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE B Z	. <b>U U</b>	U	2 4
1 DECEASED NAM			MIDDLE		EAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
Section.	WILLIE		L.	DR	IVER	JANUARY 9	, 1982		2:15 A,
3 SEX		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR		DER 1 YEAR	IF UNDER 24 HRS
Femal	e	Whit	e	Augu		90	YRS.	S DAIS	HOURS MIN.
7e. BIRTHPLACE	STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		DEATH	
Va		U.S.	Α.	WIDOW		Allegany			MD
10. CITY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 12		F BUSINESS OR
CUMBERL	AND		HAL HOSP			(TYPE OF WORK FOR MOST C	ous ewif		
USUAL RESIDENC							Ouschill		
Md.	13b COUN	legany	Cumber		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 802 Memo	mial Ass		
14 FATHER'S NAM			0000002	-CAICA	15. MOTHER'S MAIDEN NA		THAT HA	3.	
James		Rober	t Maga	lie	XX Emma	MIDDLE		LAS	
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IYES, NO OR UNKN		WAR OR DATES)			Management Del	12	Öl Holl	and S	st.
	25 25 45 11 5				Margaret Rob	ertson cu	mber Land	I VIO	21502
PART I. D	OF DEATH (Enter online ATH WAS CAUSED	BY:	/		Norte	coffee.		BETWEEN	MATE INTERVAL ONSET AND DEATH
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97	70	DUE TO, O	R AS A GONSEQUE	ENCEPF	. 1.1	6+			
gove rise	if ony, which to immediate	(b)		UM	any hace	njewan	•		
couse (o)	, stoting the couse lost.	DUE TO, O	R AS A CONSEQUE	ENCE OF	1 00 di	1 Alot			
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PART 2. OTH	HER SIGNIFICANT C	ONDITIONS CO	DNTRIBUTING TO I	DEATHELLI	NOT BELLED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1	0)
9	sygnic 4	our syl	report 1	Storya	garan				
CERTIFICATION STORY OF THE CATION OF THE CAT	PERATION	196 COND	HON FOR WHICH	OPERATIO	N WAS PERSONMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDING CAUSES	OF DEATH?
E				-		YES NO	YES 🗌		№ □
	T WAS UNDERLYING TING CAUSE OF DEAT	21b. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
S (IF EITHER NO	DTIFY MEDICAL EXAMINER)	Р.		19					
21d INJURY	OCCURRED	21e. PLACE	OF INJURY	ARM FTC )	211. LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE

22c. DATE SIGNED

that (I) (we) lost

sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATUR

(SPECIFY)

DEGREE ATTENDING PHYSICIAN X

MEDICAL STAFF DIRECTOR PHYSICIAN

that in (my) (our) opinion death occurred on the date and hour and from the causes stated

BLDG.

DODRESS MEMOR AL CUMBERLAND, MD. 21502

	DK.	N.H.	KMNJ	LIHAN
2	DUIDIAL CDE.			
5 G.	BURIAL, CREM	ATION,	REMOVAL	23b. DATE

NOT WHILE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

DHMH - 16 50M 1/B1 (VRA 15, 4)

FUNERAL DIRECTOR

0

should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If Item 21 is morked or Item 18 shows ony

certificate has be

OR ATTENDING PHYSICIAN: The

O HOSPITAL

BP.

Buria

24. FUNERAL DIRECTOR

220.1 certify that (1) (this hospital) attended the deceased from

Silcox-Merritt Fun'l Ser.

404 Decatur St. Cumberland, Md.

Md.

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	1-	FOR STATE REGISTRAR			DEPARTN	ENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 3 2 REG. NO.	0 (	(, (	2 3
		CEASED NAME ORPRINT)	FIRST		R eed		Lbin	20. DATE OF DEATH MO	i II	7 82	145 PM
Ì	3. SEX	MALE		RACE WH	ITE	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	YRS.	FUNDER I YEAR	HOURS MIN.
5	F	RTHPLACE (STATE OR FO	ia	τ	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OR C	ny Co		MD.
0	C	ty or town of DEA Cumberland		(IF NOT IN SUC	Legany Co	. Nur	sing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Retired			F BUSINESS OR
E	13a. S	L RESIDENCE (IF NURSI TATE Maryland	NG HOME OR OT 13b. COUNTY Alle	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN  Cumber1	4	13d. INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS 247 Bond	Stre	eet	
1	14. FA	Henry Henry	B	• DDLE	Elbin		15. MOTHER'S MAIDEN NAME FIRST	WIDDLE		Fletch	
		(AS DECEASED EVER es, no or unknown) NO	U.S. ARME (IF YES, GIVE W		217-10-6		Melva Paul	Cumberland.			
		18 CAUSE OF DEATH W.  PART I. DEATH W.  Canditions, if ony, gave rise to imm	AS CAUSED IMMEDIATE which	BY: CAUSE (a)	line far Iai, jbi, and	140	redict in	Hiriany Failur	a	APPROXI SETWEEN C	MATE INTERVAL DISET AND DEATH
		cause (a), stoting underlying cause	last.	Chikes	R AS A CONSEQUE	1054	enotic Heart N	issasse A. H		MEas	1
	NOI	PART 2. OTHER SIGN	BALLIC	Main	Syndra	ME.	NOT RELATED TO THE TERM			0	
2	CERTIFICATION	19a DATE OF OPERA	ION	196 CONDI	TION FOR WHICH	OPERATIO	n was performed			WERE FINDING CAUSES	
1	_	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	216. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	TEM 18, PA	RT 1 OR PART 2}	
	ш	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WO	HE (	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN		COUNTY	STATE
		220.1 certify that (I)	(this haspital	l) attended the	e deceased from_	8-1	19 80	, to		9 82	that (I) (we) lost

should be detached far use as the buriol-tror with the State Dept. af Health and Mental Hy IMPORTANT: If Item 21 is marked or Item 18 hospitol or ottending FUNERAL DIRECTOR: After BP. DHMH - 16 60M 1/75 (VRA 15 (4))

natified

24 FUNERAL DIRECTOR

22b. SIGNATURE

1/21/82 230. BURIAL, CREMATION, REMOVAL Burial

Hillcrest Burial Park

22e. ADDRESS

ATTENDING PHYSICIAN

DEGREE

23d. LOCATION
CITY OR TOWN
CUMberland

STAFF

and that in (my) (aur) apinion death occurred on the date and haur and fram the causes stated

MEDICAL

DIRECTOR

STATE

LaVale, MD John J. Hafer, Jr.

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	and wife of persons and

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-0144 Ray Tunner Everly Sr. DEATH MATED 1/7/8210 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS 2c. DATE PRONOUNCED 1/7/82 54 12/19/27 TAR M Cau NED "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DISTRICTURE MEDICAL EXAMINER ALONG WITH FORM PM 3. FETAIN PAGE 5. FOR USED AS A BURIAL. FRANST PERMIT. PAGES 1 AND 2. SHOULD BE FILED. WITH FORM FEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 W. PRESIDERIAL, CREMATION, OR REMOVAL. 0144. 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Allegany WIDOWED K DIVORCED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS 12a. USUAL OCCUPATION (TYPE OF WORK Memorial Hospital Cumberland Retired Tire Industr USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. CAUNTY egany 13d. INSIDE CITY LIMITS? 13e. STREEL ADDRESS Last Old Town Rd. Cumberland YEST NO [ DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME James Everly Lottie Crowfis 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Mrs. Mary James Bittinger, Daughter 216-22-6365 Mr. Ray T., Roger L. Everly-Sons War II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Ventricular Fibrillation hr IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Seizure Disorder gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stating the under-Post-operative resection, Meningioma 12 yrs PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION RITING THE WORD "PEI RDED TO THE CHIEF A RE 3 SHOULD BE USED A E DEPARTMENT OF HEA 01 PRIOR TO BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 1969 Left parietal meningioma YES NO X 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) EXECUTE THE CERTIFICATE, WRITING THE W PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD I AFTER DEATH, WITH THE STATE DEPARTMER BALTIMORE, MARYLAND, 21201 PRIQR TO I HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE Autopsy Inspection se 22a. I certify that I took charge of the remains described above, held on Inquiry Je and in my opinion death resulted from: Notural causes Homicide \_ Undetermined monner TITLE (SPECIFY) DATE 1/7/82 SIGNATURE EXAMINER'S NAME Paul Snow, M.D. Memorial Hospital (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Jan. 10.1982 St. Marvs Cemetery Cumberland BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** James F. Scarpelli, Cumberland, Md. (VR A15 ME (5)

15M 2/80

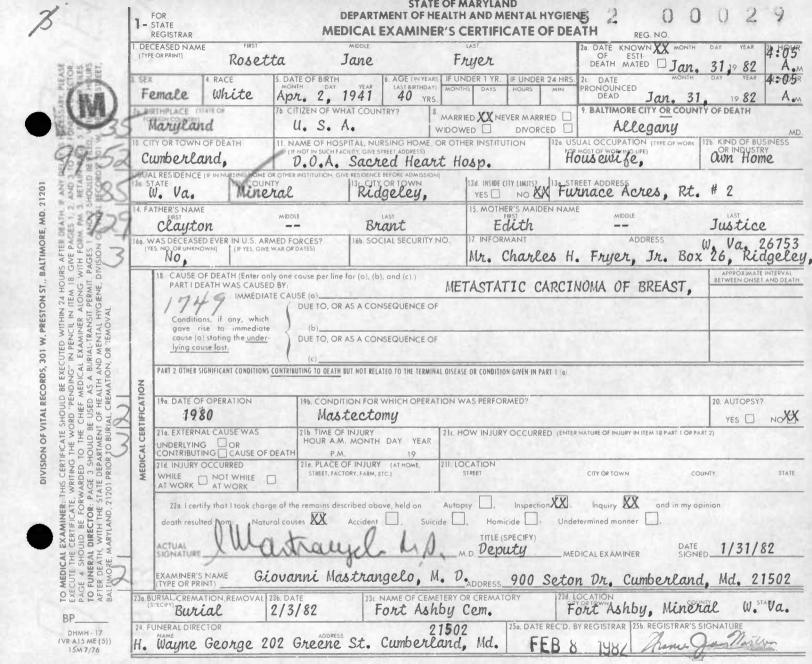
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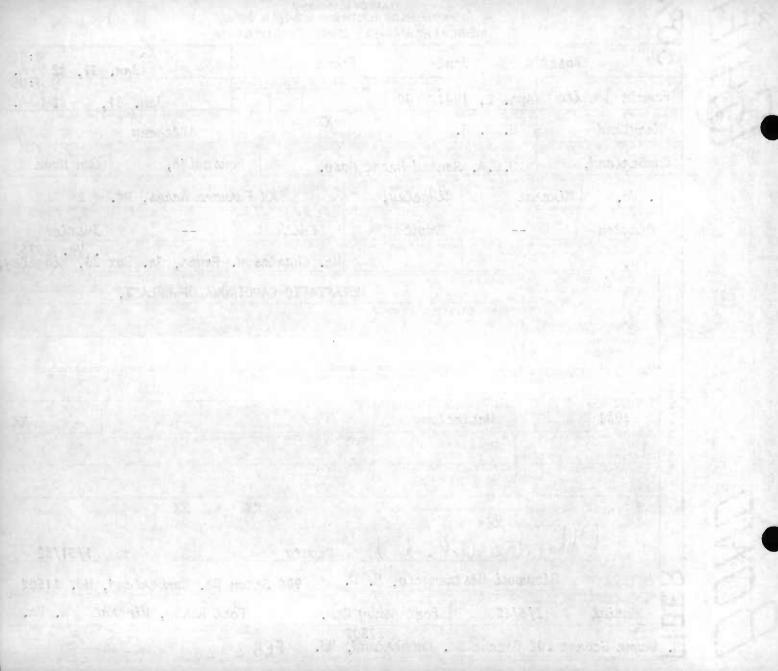
4	FOR STATE REGISTRAR			DEPARTMENT	OF HEAL		ENTAL H	0	TLI	() REG. NO.	0	0	2	1
	PECEASED NAME	John John	F	MIDDLE		Fike		2		WN X	MONTH 01	08	YEAR 1982	7:20p
H S S S S S S S S S S S S S S S S S S S	Male	4. RACE White	5. DATE OF BIRTH			INDER 1 YR.	IF UNDER Hours	24 HRS. 2 MIN. P	C DATE RONOUNCE DEAD		MONTH 01	DAY	YEAR 1982	2d HOUR 7;20p
75	BIRTHPLACE (ST FOREIGN COUNTRY)	ATE OR	76. CITIZEN OF WE	IAT COUNTRY?		RIED   NE	VER MARRI DIVORC	IED 📙	BALTIMORE	city or egai		TY OF D	EATH	MD
3/. 2	Cumber]	Land	II. NAME OF HOS (IF NOT IN SUCH FAIL Sacred	Heart	Hospi		DOA	Ret.	AL OCCUPATION	ON (TYPE C		Rat	ID OF BU	SINESS
35 USU	JAL RESIDENCE ( STATE  MD	13b. COUN	or other institution, given the state of the	13c. CITY OR TO Cumber	WN	13d. INSIDE CI YES <b>K</b>	ITY LIMITS?		et address 3 Mary	Stre	eet			an.
11 14.	FATHER'S NAME FIRST Charl	es	B.	Fike		1	ER'S MAIDE	NAME	MIDDLE H.		Gra		nyer	
16a.	WAS DECEASED (YES, NO, OR UNKNOWN)		MED FORCES? WAR OR DATES)	705 05 8		M. V	WANT Virgi	inia	Roser	DDRESS baur	n I	ros	stbu	MD
AL, CREMATION, OR REMOVAL.	gave ris couse (a) lying cou		(b)	AS A CONSEQUE	NCE OF	ASE OR CONDITION	N GIYEN IN PAI	RT 1 (a).						
± = / ×	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	WAS PERFOR	MED?						UTOPSY?	NOXIX
		L CAUSE WAS OR OR OG CAUSE OF D		MONTH DAY	YEAR 21c.	HOW INJURY	OCCURRE	D (ENTER NA	TURE OF INJURY II	N ITEM 18 PA	RT 1 OR PAI			
MEDICAL	21d. INJURY C	NOT WHILE C		OF INJURY (AT HO ORY, FARM, ETC.)	DANE, 21f. L	OCATION STREET			CITY OR TOWN		col	UNTY		STATE
2	220. I certification of the control	y that I taak chorg ed from: Natur  NAME France	e of the remains design al causes A.  Samuel Company of the company of the cause of	Accident ,	Ricide L	M.D	PECIFY) - Depui	Undeter by MEDIC rland	Inquiry X mined monne CALEXAMINE Mary	,, R	DATE SIGNE	oinion	-9-	82
	BURIAL, CREMAT		an. 12, 1	982Davi	s Mem	orcremato	Cem		Moerla REGISTRAR 2					1D
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10	1	FOR STATE REGISTRAR	DI	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL IFICATE OF DEATH	HYGIENE REG. N	0 0	0 2 3
be 3 eath		CEASED NAME FIRST JAMES	HARRY	FORT	LAST	2a. DATE OF DEATH	01 16	82 1:36 1
	3. SI	MA LE	4. RACE White	5. DATI	9 02 11	6. AGE (IN YEARS LAST BIR	YRS.	DER I YEAR IF UNDER 24 HRS S DAYS HOURS MIN.
a long		SIRTHPLACE ISTATE OR FOREIGN COUNTRY Carolina	76 CITIZEN OF WHAT COL USA	MARE WIDON	NEVER MARRIED  NED DIVORCED	ALLEGA	OR COUNTY OF D	DEATH N
by the fur	10. 0	CUMBERLAND			OR OTHER INSTITUTION	120. USUAL OCCUPAT JTYPE OF WORK FOR MOST Retired Na		L KIND OF BUSINESS O
filled in laurt be	13a	VAL RESIDENCE (IF NURSING HOME OF STATE 135 COUT ALL 135		CE BEFORE ADMISSIO	N) 13d. INSIDE CITY LIMIT: YES NO 🏋	S? 13e. STREET ADDRESS		
completely I and 2 sh	14 F	ATHER'S NAME FIRST William	Henry Fort	AST	15 MOTHER'S MAIDEN	Taylor MIDDLE		LAST
rtificate be execut g physician and ca an papers. Pages 1 emoval.	160	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIA	20-5962	Mrs. Elle	n Fort Oldto		Wife
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rattending physician.  The this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be file thand Mental Hygiene prior ta burial, cremation, ar removal.  arked or Item 18 shows any injury, or ather traumatic event, the medical examiner must be no	Z.	Canditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS ON THE CONDITIONS CONTINUED	NG TO DEATH BI	MT MAS O DT NOT RELATED TO THE T	TERMINAL DISEASE OR CON	adition given in	PART 1(o)
The law recicion. icion. ret has been ast permit. Til	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
PHYSICIAN: TI ending physicis this certificate ne burial-transit ad Mental Hygii d or Item. 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	TH DAY YEA	R	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 O	R PART 2)
DING PHY or attendi After this e as the bu alth and M	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARINGE	21f. LOCATION STREET	20 100010	WH CO	DUNTY STATE
to RATTEND of the hospital of the hospital of toched for use e Dept. of Heal It hem 21 is m		22=1 certify that (i) (this haip says the arm and old olive or thouse free old olive or 22h 505 U.RS	the body ofter death	84	, 19 and that in (rky) (aur) apin DEGREE ATTENDIN PHYSICIA		.FF 2	from the causes stated
TO HOSPITAL retained by the TO FUNERAL should be detined IMPORTANT:		Dr. Terry E.	Williams M.D	),	Memorial	Hospital Bldg	.,Cumber	land,Md.
BP	23a.	BURIAL, CREMATION, REMOVAL (SPECIEY) Burial	236. DATE 1-19-1982		CEMETERY OR CREMATO	Cem. Adelphia	соим:	TY STATE
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR	earnelli Cumi			JAN 1 9 1982	PS REGISTRANS	SIGNATURE

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DEPA

RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	0	0 0	3	
	LAST	20. DATE OF DEATH MO	ONTH DA	Y YEAR	2b HOUR	
E		JANUARY 28,	1982		3:00 /	ΔM
	OF BIRTH 14-29-1915 EAR	6. AGE (IN YEARS LAST BIRTHD	AY) IF	UNDER I YEAR	IF UNDER 24 H	IRS IN.
RY? 8. MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO	COUNTYO	F DEATH		MD.
RSING HOME REET ADDRESS) RT HOSI	OR OTHER INSTITUTION PITAL	120. USUAL OCCUPATION		12b. KIND O	F BUSINESS	
burg	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	t.1	Bex l	408	
le	15. MOTHER'S MAIDEN N.		J	•hns	'n	
ECURITY NO.	Mrs.Ermia	Grindle Rt		restl	ourg,	Md.
ondid.	f See 2 une			APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEAT	TH
SHENCE OF	hair s	relastesco.				
OUENCE OF	all co	2 effe le	and .		L	

(YES, NO OR THOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Canditians, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSE underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH

21d. INJURY OCCURRED

230 BURIAL CREMATION REMOVAL

EICHHORN FUNERAL HOME

(IF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

MAIN STREET

21e. PLACE OF INJURY

- 27 -

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21f. LOCATION

CITY OR TOWN

and that in (my) (our) apinion death accurred an the date and haur and from the causes stated

NOF

COUNTY

STATE

2., that (I) (we) lost

NO F

saw the deceased alive an abave, (1) (we) (did) (and nat) view the body after death

WHILE

DECEASED NAME

7a. BIRTHPLACE

COUNTRY

USUAL RESIDENCE 130. STATE

14 FATHER'S NAME

Male

10. CITY OR TOWN OF DEATH

Cumberland

Md

Earl

3. SEX

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Mental Hygiene

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MADISON

4. RACE

Allegany

MIDDLE

(IF YES, GIVE WAR OR DATES)

GRINDL

White

U.S.A.

(IF NOT IN SUCH FACILITY, GIVE ST

SACRED HEA

Frest

Grimo

16b. SOCIAL S

76. CITIZEN OF WHAT COUNT

11. NAME OF HOSPITAL, NUI

JOHN

STATE OF FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Md

DEGREE

ATTENDING 22e ADDRESS

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

714 DAYSK TON I NAME THE OF PRINT

24 FUNERAL DIRECTOR

JOHN MEHANNA. M.D

220.1 certify that (1) (this hospital) attended the deceased fram

909-B SETON DRIVE 23c NAME OF CEMETERY OR CREMATORY

CUMBERLAND. MD 21502 23d. LOCATION

YES [

BP

old be detach the State De

MPORTANT:

DHMH - 16 50M 1/81 (VRA 15, 4)

0

23b. DATE (SPECIFY) /82 Burial

Memorial Park

CITY OR TOWN

COUNTY

STATE

Frestburg 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

LONACONING

21570

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ver yet virial	Multi-	J.S.M.	
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Johnson	dearist	Trimule	ren
manoprevil fith substance	ers.erois Ori		on

4		1-	FOR STATE			DEPARTMENT OF	HEALTH	AARYLAND AND MENTAL	HYGIENE 2	0 0	0 3	0
7		1.3	REGISTRAR	FIRST	ME	DICAL EXAMI	NER'S	ERTIFICATE		G. NO.		
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		3. SE	lale	4. RACE White	Feb. 13.	6. AGE (IN LAST BIRTH 1919 62		DER 1 YR. IF UNDI	ER 24 HRS. 26. DATE  PRONOUNCED DEAD	MONTH	1982 <sub>9</sub>	2d HOUR 5:40
	TIES.		REIGN COUNTRY)	Va.	76. CITIZEN OF WA	AT COUNTRY?	8. MARR	IED KNEVER MAR	RRIED . 9. BALTIMORE CI	Legany	Y OF DEATH	***
	AY IS		umberla	OF DEATH		PITAL, NURSING HOL	AE, OR OTH	ER INSTITUTION	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE Factory Was	(TYPE OF WORK	OR INDUSTR	Υ
201	ANY DEI	USU/ 13a. S	AL RESIDENCE		THER INSTITUTION, GI	Ridgeley		13d INSIDE CITY LIMITS?	130 STREET ADDRESS		Recorg 12	ote co
12.0	2, 2 3. A	_	ATHER'S NAME	Of the latest section in		Trocageceg		15. MOTHER'S MAI	DEN NAME			
, MD.	SESTEN BEST	3	Harry		H.	Graham		Dearie	C.		Chrise	it
BALTIMORI	AFTER D INE PAG IH FORM GES 1 A ISION ON	16a. \ (Y	VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR 236-28-13		17 INFORMANT	ion W. Graham,	RESS Ridge 22 Pe	eley. W.	Va. 26753
	10 8 1 E		18. CAUSE C	ATH WAS CAUSE	ly ane cause per line ) BY: TE CAUSE (a)	far (a), (b), ond (ε).)	CARI	DIAC ARRES			APPROXIMATE BETWEEN ONSET	AND DEATH
PRESTON ST	D WITHIN 24 ENCIL IN ITE AMINER ALO -TRANSIT PER ENTAL HYGIE REMOVAL.			ns, if ony, which		AS A CONSEQUENC	E OF		RTERY HEART DIS	SEASE.	YRS.	
301 W. P	REAL TRAIN			stating the under-	< ,	AS A CONSEQUENC	OF					
VITAL RECORDS. 3	LD BE EXEC PENDING" F MEDICAL ID AS A BU HEALTH AND REMATION,	NO		GNIFICANT CONDITIONS CEREBRAL	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (a).			
L REC	OULD "PEN "PEN NIEF A N	CATI	190. DATE OF	OPERATION	19b. CONDIT	TION FOR WHICH OP	RATION	AS PERFORMED?			20. AUTOPSY?	
OF VII	ATE SHO THE CHI TO BE US AENT OF BURLAL	CERTIFICATION		AL CAUSE WAS	21b. TIME OF	INJURY MONTH DAY YE		OW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PA	YES T	NXX
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PIVIS	THIS CERTING WARITING WARBED T PAGE 3 SH STATE DEPA	MED	WHILE AT WORK	NOT WHILE C	21e PLACE ( STREET, FAÇ	OF INJURY (AT HOME,		CATION -	CITY OR TOWN	co	UNTY	STATE
	INER: T FICATE, E FORV TOR: P THE ST (ND, 212		22a. I certi	,	e of the remains des	cribed obove, held on	Autop Suicide	sy , Inspect	tion XX Inquiry XX,	and in my or	nnion	
	E CERTIFICATION BOULD BUILD BU		ACTUAL SIGNATURE	20	0 6			TITLE (SPECIFY)	Deposedical examiner	DATE	1/2/82	
	TO MEDICAL EXECUTE THE PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M		EXAMINER'S	NAME Paul	e Snow, M.	D.			orial Hosp. Cw			1502
	TO PAGE TO PAGE AFTER BALTING	23a.B	URIAL, CREMA	TION, REMOVAL 2	3b. DATE	173c NAME OF C	EMETERY C	OR CREMATORY	123d. LOCATION			
	BP	24. F	Buri UNERAL DIREC		1/4/82	Sunset	2150	rial Garde	ens, Cumberland	a, Acce	gany mar	yeunu
1	DHMH - 17 (VR A15 ME (5)) 15M 7/76	H.	. Wayne	George 2	02 Greene	St. Cumbe	rland	l, Md.	JAN.6. 1982	Anne	Janlos	

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1/2/42 045, (umlestami, 10, 1150)				
Lecal, Milangualayiba				
	4	150 W		

		FOR 1 - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 0	0 0 3 2
~ T		1. DECEASED NAME FIRST ANDE	RSON DAYTON	GROVE	20. DATE OF DEATH MONTH D	982 26 HOUR 12:00P
W)		3 SEX Male	* White	5. DATE OF BIRTH  MADril 15 1905		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
ment of the	\$35	70. BIRTHPLACE   STATE OR FOREIGN COUNTRY	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY O	OF DEATH MD.
by the fo	150	O CITY OR TOWN OF DEATH  CUMBERLAND	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MEMORIA	NG HOME OR OTHER INSTITUTION ADDRESS) L HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
n n	and 32	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. CQL		EADMISSION)  TO THE THE TOTAL THE PROPERTY LIMITS?	13e. STREET ADDRESS Division	St. Westernport
ed within 24 h impletely filled and 2 should I	- Kamine	14 FATHER'S NAME	MIDDLE GASTOVE	15. MOTHER'S MAIDEN NA		Fazenbaker
5 0 -	0	TAR WAS DECEASED EVER IN U.S. A	PANED FORCESS THE SOCIAL SECTI	IDITY NO 17 INSOPMANT	ADDRESS	

(IF YES, GIVE WAR OR DATES) 217-10-5349 Mrs Peggy Alkire Westernport Md. No 18 CAUSE OF DEATH (Enter only one cause per lightar (a), (b) PART I. DEATH WAS CAUSED BY Canditians, if any, which gave rise to immediate cause (o), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CERTIFICATION

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH JIF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

Ö

CITY OF TOWN COUNTY STATE

NOF

22c. DATE/SIGNED

22d\_PHYSICIAN'S NAME ITYPE OF PRINTS

220.1 certify that (this hospital) attended the deceased from

NOT WHILE

ATTENDING 22 ADDRESS

DEGREE

DIRECTOR | PHYSICIAN PHYSICIAN |

MEDICAL

122 S. CUMBERLAND, MD CENTRE ST.

and that in (pay) (aur) opinion deoth accurred on the date and hour and from the causes stated

MILTENBERGER 206. BURIAL, CREMATION, REMOVAL 23b. DATE Burial /23/82

23( NAME OF CEMETERY OR CREMATORY Philos Cemetery

23d. LOCATION Westernport Allegany Md.

24 FUNERAL DIRECTOR

MEDICAL

731: 51GNA

Boal Funeral Westernport Md 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

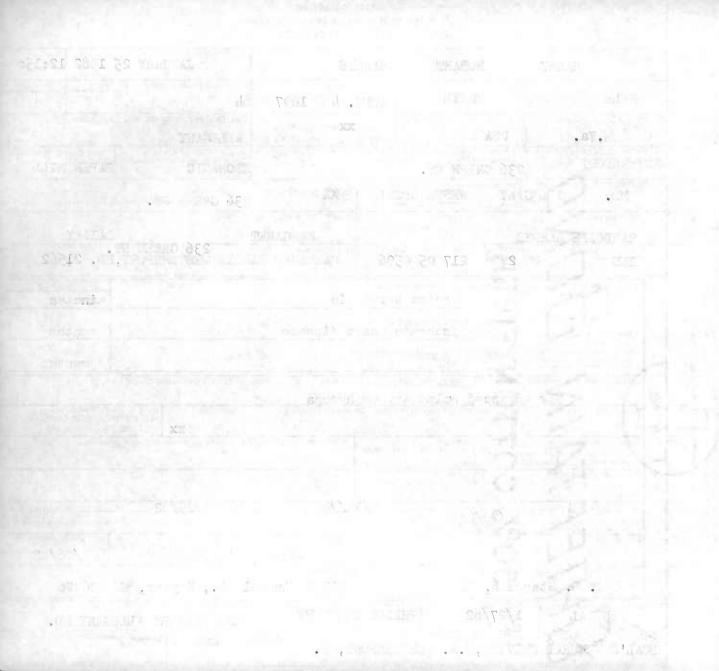
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		REGISTRAR		MI	EDICAL EXAM	INER'S C	ERTIFICATE		KLO	5. NO.		ALJ
		EASED NAME OR PRINT)		-6-11	MIDDLE		Hare	26	OF ESTI-			10011
	3. SEX		1. RACE	shall	Everett	Lyr. or T IE ( ) b	DER 1 YR. IF UND	55.011150	DEATH MATED		3 19 E	
		male	white	5. DATE OF BIRTH		THDAY) MONTH	S DAYS HOURS		DATE RONOUNCED DEAD	1	3 1982	20. 1100K
0		RTHPLACE (ST	ATE OR	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRI	ED NEVER MAI	RRIED 9.	BALTIMORE CIT	TY OR COUN		
	Ma	ryland		USA		WIDOW	ED DIVO	RCED 🗆	Alleg	gany Co	ounty	MD.
	C	umber 1	and	Sacre	ospital, nursing ho	spital	ER INSTITUTION		LOCCUPATION ST OF WORKING LIFE) <b>TOT</b>		OR INDU Metal (	Jalvani
5	13a. S1	residence yland	Garre	OR OTHER INSTITUTION, OF TY SET THE SE	GIVE RESIDENCE BEFORE ADM 13c, CITY OR TOWN Grantsvi	ission)	13d INSIDE CITY LIMITS	130. STREE	TADDRESS 2, Box 1	Maple 106 F,	Grove 1	Rd. Zing
0	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAI		MIDDLE		LAST	
	16 11	Ervin	Roy		Hare		Bertha				roadwat	er
l	(YE	AS DECEASEL S. NO. OR UNKNO NO	EVER IN U.S. ARA	WAR OR DATES)	215-05-7		Bernice M	1. Hare			x 106 F , Md. 2	1536
ľ		18 CAUSE OF	DEATH (Enter onl	y ane couse per lir	ne for (a), (b), and (c).)						APPROXIM	ATE INTERVAL
		C/9 F	IMMEDIAT	E CAUSE (a)	rterioseler		cardiovaso	<del>cular-d</del>	isease			
1	7	Candition	s, if any, which	DUE TO, O	OR AS A CONSEQUENC	CE OF					3 3 7 7	
	-	gove ris	e to immediate stating the under-	(b)	OR AS A CONSEQUENC							
						FOF						
	6	lying cau		(6)	M AS A CONSEQUENC	CE OF						
		lying cau	se lost. Inificant conditions	(<)CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITION GIVEN IN	PART 1 (a)				
	NOI	lying cau	nificant (ONOITIONS) erioscle	(<)CONTRIBUTING TO DEAT		ERMINAL DISEASE	or condition given in lisease	PART 1 (a)				
	ICATION	lying cau	nificant (ONOITIONS) erioscle	(c)	H BUT NOT RELATED TO THE T	erminal disease ular d	lisease	PART 1 (a)			20 AUTOPS	5Y?
	RTIFICATION	PART 2 OTHER SIG	erioscle	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TE CARDIOVASCE DITION FOR WHICH OF	ERMINAL DISEASE ULLAR d PERATION W.	AS PERFORMED?				YES 🔽	5Y?
	Ū	PART 2 OTHER SIG	erioscle OPERATION  LCAUSE WAS	CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE T	ERMINAL DISEASE LA T A CERTATION W.	Lisease AS PERFORMED?  DW INJURY OCCUR	RED (ENTERNAT			YES YES	X NO []
		PART 2 OTHER SIG	ENFICANT CONDITIONS OPERATION  L CAUSE WAS OR	CONTRIRUTING TO DEAT POTTIC C 19b. COND 21b. TIME C HOUR A. DEATH ? DMP, 71e. PLACE	E OF INJURY (AT HOME	ERMINAL DISEASE ULLAR DERATION W. 216. HC	Lisease AS PERFORMED?  DW INJURY OCCUR  burning  CATION	RED (ENTERNA)	/warmin	ng aut	YES X	NO []
	CAL	PART 2 OTHER SIN  Art  19a DATE OF  21a EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY C	ENFICANT CONDITIONS OPERATION  L CAUSE WAS OR	CONTRIRUTING TO DEAT POTTIC C 19b. COND 21b. TIME C HOUR A. DEATH ? DMP, 71e. PLACE	E BUT NOT RELATED TO THE TE BARDION FOR WHICH OF THE INJURY M. MONTH 9AY YE M. 1/3/8219	ERMINAL DISEASE ULLAR DERATION W. 216. HC	AS PERFORMED?  OWINJURY OCCUR  burning	RED (ENTERNA)	/warmin	ng aut	YES X	NO []
2		PART 2 OTHER SIN  Art  19a DATE OF  21a EXTERNA  UNDERLYING CONTRIBUTIN 21d INJURY O WHILE AT WORK	ELECTIONS  CAUSE WAS  OR  GO CAUSE OF C  CCURRED  NOT WHILE  AT WORK	CONTRIBUTING TO DEAT  TOTIC C  19b. COND  21b. TIME C HOUR A ? DMP., 21c. PLACE STREEL, FA OUT SA	E BUT NOT RELATED TO THE TE AT DIVINON FOR WHICH OF M. MONTH DAY YE M. 1/3/8219  E OF INJURY (AT HOME, CICTORY, FARM, HEID, SIDE OF MERCHAN)  SIDE OF REASON HOME COSCIDENCE ARM HEID, SIDE OF MERCHAN)  SIDE OF REASON HEID OF THE COSCIDENCE OF MERCHAN, HEID OF THE COSCIDENCE OF THE MERCHAN HEID OF THE COSCIDENCE OF THE MERCHAN HEID OF THE COSCIDENCE OF THE MERCHAN HEID OF THE MERCHAN HEID OF THE COSCIDENCE OF THE MERCHAN HEID OF THE MERCHAN HE	ERMINAL DISEASE  Ular d  PERATION W.  21c. HC  21f. LCC  Mar	AS PERFORMED?  DW INJURY OCCUR  burning  CATION  DETE Grove	RED (ENTERNA)	/warmin	ng aut	YES X	NO []
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3	MEDICAL	PART 2 OTHER SIN  Art  19a DATE OF  21a EXTERNA  UNDERLYING CONTRIBUTIN 21d INJURY O WHILE AT WORK  22a. I certif deoth resulte	ELECTION CONDITIONS OF THE CAUSE WAS OF CAUSE OF ECCURRED NOT WHILE AT WORK Systems to the conditions of the cause of the	CONTRIBUTING TO DEAT  Protic C  19b. COND  21b. TIME C HOUR A.  PEATH 2 pmp  21c. PLACE STREET, FA OUTS  4 of the remains de	E BUT NOT RELATED TO THE TE AT DIVINON FOR WHICH OF M. MONTH DAY YE M. 1/3/8219  E OF INJURY (AT HOME, CICTORY, FARM, HEID, SIDE OF MERCHAN)  SIDE OF REASON HOME COSCIDENCE ARM HEID, SIDE OF MERCHAN)  SIDE OF REASON HEID OF THE COSCIDENCE OF MERCHAN, HEID OF THE COSCIDENCE OF THE MERCHAN HEID OF THE COSCIDENCE OF THE MERCHAN HEID OF THE COSCIDENCE OF THE MERCHAN HEID OF THE MERCHAN HEID OF THE COSCIDENCE OF THE MERCHAN HEID OF THE MERCHAN HE	ERMINAL DISEASE  LI AT DE  EAR 216. HO  Mar  Suicide	AS PERFORMED?  OW INJURY OCCUR burning CATION  TIREET  THOMICIDE  TITLE (SPECIFY)	RED (ENTERNAL) trash Rd., G	/warmin	ond in my o	YES X COMODIL	Co state
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(VR A 15 (4))

STATE OF MARYLAND



BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	1 - FOR 1 - STATE REGISTRAR	K SALE OF THE	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	003.
	1. DECEASED NAME FIRS (TYPE OR PRINT) ARNOL		HARTL	LEY	JANUARY 19, 198	2b. HOUR 4:05
	3. SEX Male	4 RACE White	5. DATE O	DF BIRTH 1908	6 AGE (IN YEARS LAST BIRTHDAY) 73 YRS.	NE UNDER I YEAR IF UNDER 24
35	70. BIRTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COUNTR	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY ALLEGANY COUNTY	
62 62	Cumberland	SACRED HEART			120 USUAL OCCUPATION  LAYPE OF WORK FOR MOST OF WORKING LIFT  Retired	126 KIND OF BUSINESS INDUSTRY POTOMAC Ed
ed isst be	USUAL RESIDENCE (IF NURSING HO 130. STATE Maryland	OUNTY ILEGANY GIVE RESIDENCE BEF		13d. INSIDE CITY LIMITS? YES X NO [	13e. STREET ADDRESS Rober	ts St.
examine //	14 FATHER'S NAME FIRST George H	artley		15. MOTHER'S MAIDEN NAM	ugenie Fletcher	LAST
medico	(YES, NO OR UNKNOWN) (IF YE	ARMED FORCES? 166 SOCIAL SE S. GIVE WAR OR DATES) 214-10		Mrs. Phebia	ADDRESS Hartley, Cumber	land, Md. Wi
vs any injury, a	PART 2 OTHER SIGNIFICAL SUPPLIES OF PERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	NT CONTIONS CONTRIBUTING TO LEVEL CAN	ral	abeliet	200 AUTOPSY? 200 IF YES	EN IN PART 1(0) ) S, WERE FINDINGS USED YING CAUSES OF DEATH!
dem 18 show	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C	DE DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NO YE	S NO
rked or I	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
n 21 is ma	sow the deceased pliv obove, (1) (we) (did) (d	ospital) attended the deceased from	0 -	nd that in (gay) (our) opinion (	, to, death occurred on the date and hou	that (we)
IMPORTANT: If Item 21 is m	22b. SIGNATURE	u Alalwi	•		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
MPORTA	NATHAN, A.S	5. MD.			EDICAL BLDG, CUME	BERLAND, MD.2
-	230 BURIAL, CREMATION, REMO	VAL 23b. DATE 23 23 23		EMETERY OR CREMATORY  Memorial Par	k Cumberland,	Allegany Md
/81	SCARPELLI F.H.	, 108 VA. AVE.,	CUMBERL	AND, MD. 2 1 50-0	EREC'D. BY REGISTRAR PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE	(i) seeditale

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Merel .H.	mefredes; celizal #1	- Sept.	- IDOL-	et-019		64				
			Sel							
	ATTENNANT OF STREET	COL								

DHMH - 16 50M 1/B1 (VRA 15, 4)

1-	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARY EALTH AND ICATE OF	MENTAL HYG	SIENE 8	2.	0	0	J	3	Ö
1. DEC	CEASED NAME	FIRST		WIDDLE G	HER	AST BOLDSH	EINER	20 DATE OF	REG. NO	MONTH	DAY 18-	YEAR 82	26. HOU	RA
	3. SEX FEMALE  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND		4 RACE WHITE		5 DATE OF BIRTH  6 29 DAY 1889			6. AGE (IN YE	2	MONTHS	R I YEAR DAYS	IF UNDER		
			U S A   WID			ARRIED NEVER MARRIED DIONECED DIONECED			9 BALTIMORE CITY OR COUNTY C				MI	
IO. CITY OR TOWN OF DEATH  CUMBERLAND			111. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CUMBERLAND NURSING ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)				STITUTION	120 USUAL C		12b. KIND OF BUSINESS OF INDUSTRY				
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16a W	THER'S NAME FIRST  DAMTAN  /AS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. AR	MED FORCES?	HABIG  166 SOCIAL SECUI  21)1-3/1-18		M. 17 INFORM	'S MAIDEN NA/ FIRST ARY ANT RT H. HE	TH	MIDDLE IERESA ADDRE	SS		GMIE	R	
NC	PART 2. OTHER SIGN	/AS CAUSE IMMEDIAT , which mediate ing the ! last.	D BY:  (E CAUSE (a)  DUE TO, OI  (b)  DUE TO, OI  (c)	R AS A CONSEQUE	NCE OF	CVI	D TO THE TERM	inal disease	OR COND	DITION GI		APPROXIM	ATE INTER	DEATH
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## STATE OF MARYLAND

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STATE REGISTRAR			DEPART		FICATE OF DEATH	HYGIEN	REG. N	0		
1. DECEASED NAME	FIRST		MIDDLE		LAST	20	DATE OF DEATH		DAY YEAR	2b HOUR
(TYPE OR PRINT)	OLIVER		CHARLES		HOPKINS		JANUARY 23	, 1982	2	12:25P
3. SEX	4. F	RACE			OF BIRTH	6	AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 MRS
MALE		WHIT	E	MONT	1/8/12 YEAR	-	69	YRS.	MONTHS DAYS	HOURS MIN.
Jo. BIRTHPLACE (ST	TE OR FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8		9 9	BALTIMORE CITY O		Y OF DEATH	
MARYLAND		U.S	. A.	WIDOW	D NEVER MARRIED		ALLEGANY	COUNT	ΓY	M
10. CITY OR TOWN O	F DE ATH 11.	NAME OF I	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION		USUAL OCCUPAT		12b. KIND 0	BRUTCK
CUMBERL	AND	SACRE	HEART H	ÎOSPI1	ΓAL		FOREMAN	F WORKING LI	KAIS!	
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MARYLAND	ALLEC	ANY	ZIHLM.	AN	YES NO TE	7 136	RT. 2	BOX 1	102 FR	OSTBUR
14 FATHER'S NAME					15. MOTHER'S MAIDEN	NAME				
RICHA	RD	DLE	HOPK T	NS	EVA.		WIDDLE		DICKE	V
160 WAS DECEASED	EVER IN U.S. ARMET		166 SOCIAL SECU	-1-0	17 INFORMANT	F	ROSTBUR	s MT	). 215	12
NO OR UNKNOW	(IF YES, GIVE WA	A DATES)	712-14	-1611	MRS. OLI		C. HOPE		RT.2.1	BOX 10:
18 CAUSE OF	DEATH (Enter only o	ne couse per	line for (a), (b), an	id (c), )						IMATE INTERVAL ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY	Y: .	Metas	tati	c Lung	CO	Ncen		6	no.
16	9	- 7 - 1	R AS A CONSEQUI	ENICE OF	0		DEALINE.	1000		, , , , ,
Canditians, if	ony, which	(b)	AJA CONSEGO	LINCE OF						
gave rise to			R AS A CONSEQUI	ENCE OF						
underlying	couse lost.	(c)	K HO H CONSEGO	civee or					4 6 3	
PART 2. OTHER	SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINA	L DISEASE OR CON	DITION GIV	EN IN PART 1	0
CERTIFICATION ACCIDENT W	NELL .									
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STIFE STIFE			- 19	19901			YES NO		S [	NO [
00.00.00.00.00.00.00	CAUSE OF DEATH	216. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCC	URRED	(ENTER NATURE OF INJUI	EY IN ITEM 18	PART 1 OR PART 2)	
	Y MEDICAL EXAMINER)	P.,		19						
21d INJURY OC	CURRED	21e. PLACE	OF INJURY	ADM STC 1	21f LOCATION		CITY OR TO	WN	COUNTY	STATE
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	eceosed alive an		ofter death	72, ai	nd that in (my) (aur) apinio	ian deat	th occurred an the de	ate and hav	or and fram the	causes stated
THE SIGNATUR	1	()			DEGREE				22c. DATE	SIGNED
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22d. PHYSICIAN	SNAME (TYPE OF PR	0600	mD		22e ADDRESS					
THE WAYN	E SPIGGLE	M.D.			BMG 912 SF	TON	DRIVE CU	MREDI	AND MD	21502

BP.

O HOSPITAL OR ATTENDING PHYSICIAN: The

DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or Ite should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR:

> /26/82 SOWERS FUNERAL HOME

23b. DATE

23c NAME OF CEMETERY OR CREMATORY SUNSET MEMOR TAT

SETON DRIVE CUMBERIAND
ATORY 23d. LOCATION
CITY OR TOWN COUN

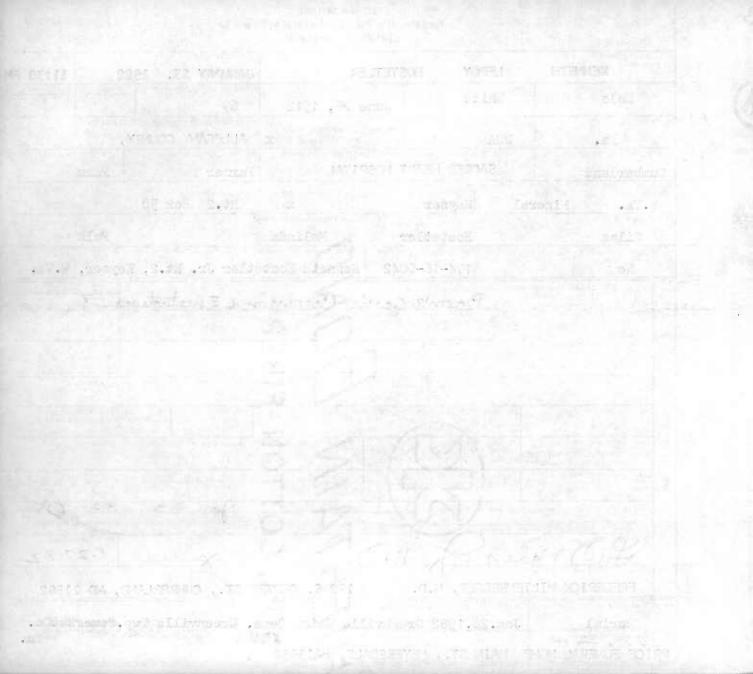
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ADDRESS 60 MAIN STREET

FROSTBURG, MD

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1	13e. S	AL RESIDENCE (IF IN NU TATE MD	RSING HOME OR 136. COUNTY	OTHER INSTITUTION, GIVE Y Cany	13c. CITY OR TOWN	,	13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	stern A	venue	
1	14. F/	ATHER'S NAME			LAST		IC MOTHER'S MAINS	h Bishop	DLE	LAST	
1	16a. V	VAS DECEASED EVER	IN U.S. ARMI	ED FORCES?	166. SOCIAL SECURIT		17. INFORMANT		ADDRESS		
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AL - TRAI MENTAL V, OR RI		cause (a) stating		DUE TO, OR A	AS A CONSEQUENCE	OF					
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IAL,	ICA	146. DATE OF OPERA	TION	196. CONDITI	ON FOR WHICH OPER	RATIONW	'AS PERFORMED?				
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RE,	+	SIGNATURE	100	G. Carlo	7110		Deputy Ch	LI SMEDICAL EXAMIN	IER SIG	NED 1/19	/82_
T WO	-	EXAMINER'S NAME (TYPE OR PRINT)	Thom	as D. Smi	th, M.D.		ADDRESS	Penn St.	Balto.,	MD.	
-	23a.B	URIAL, CREMATION, R	EMOVAL 231	DATE	23c. NAME OF CE	METERY C		23d. LOCATION		OUNTY	A 75
		Burial	1.	-21-1982	Oliver	Gro	ve Cemete	ry Oldi			
	24. F	UNERAL DIRECTOR		ADDRESS			250. DATE	REC'D. BY REGISTRAR		SSIGNATURE	
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1	a. BIR	THPLACE (STATE OR		1 )				9 BALTIMO			1 a M
			USA					al	legany		MD
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Ti.	3a. ST	RESIDENCE (IF IN NURSING HOME ATE [13b COUP	OR OTHER INSTITUTION, G	IVE RESIDENCE BEF	ORE ADMISSION)		IOE,CITY LIMITS?  1		631 Sh	river Ave	3.
1		Md. Alle	gany	Cumb.	Md.	YES	NO [	Thomas P			
ľ	4. FAT	HER'S NAME		LAST		15. MC				LAST	
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ľ	(YES	NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)					25 12			
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1			TE CAUSE (a)			Obst	ruction	n			
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2	3a. BUR	IAL, CREMATION REMOVAL						23d LOCATION			
	(SPE	CIFY)					terv	City OR TOWN	Alla	OUNTY ST	ATE
2	4. FUN	VERAL DIRECTOR					- 4	C'D. BY REGISTRAR	25b. REGISTRAP		
		James F. Sc	earpel Press	Cumber:	land, 1	id.	JAN	2 2 1982	Chance S	anlarus	
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	1,	FOR	DEPARTM		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2 0	0 0 4 1
	1	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	1	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	2.05	Capalin		1550	n	1.31	-82 6 DM
	3. SE	Female	4. RACE V		DE BIRTH 1907	6. AGE (INYEARS LAST BIRTHDAY) 74 YRS.	IF UNDER I YEAR IF UNDER ZI HRS.
deoth; harring and and and and		RTHPLACE (STATE OR FOREIGN W. Va.	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY ALLEGANY	Y OF DEATH MD.
by the fulled with		cumberland,	11. NAME OF HOSPITAL, NURSING UF NOTIN SUCH EACHLITY, SIVIS STREET AL CUMBERLAND NURS	HOME CORESS!	OR OTHER INSTITUTION HOME	120 USUAL OCCUPATION RECE WORFORMOTO WORKING	126 KIND OF BUSINESS OR INCIDENCE CORP
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be execui	16a \	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?  VE WAR OR DATES)  16b SOCIAL SECUR	ITY NO.	Mr. Carl V.	ADDRESS Wiseman, Rt. # 3	Box 295 Cumb. Ma
uires that the deoth certifico igned by the ottending phys en pleose remove carbon pag burial, crematian, ar remove ury, or other troumatic event,	7	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)	NCE OF	NOT RELATED TO THE TERMI	nal disease or condition giv	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  VEN IN PART 110
he law required.  has been some the permit. The lene prior to low sony inji	CERTIFICATION	19a DATE OF OPERATION	196 CANDITION FOR WHICH C	PERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S
YSICIAN: Tiding physicial control of the secretary of the		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18. F	PART   OR PART 2)
attending of the control of the cont	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FAR	RM ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN tospital or tECTOR: At ed for use of to Heolt om 21 is mo		22a. I certify that (I) (this hasp sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	1/30 19 0	1	2, 19 Id that in (my) (our) opinion d	, 10, leoth occurred on the vale and hou	19, that (I) (we) lost or and from the causes stated
ITAL OR , the ho by the ho expected detoched state Dept , NT: If them		22d PHYSICIAN'S NAME (TYPEC	Halun	/	MY ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	2/3/82
TO HOSPITAL TO FUNERAL should be det with the State		P. HAZ	LMos		226 ADDRESS	Schleyst	Curberland
BP		Burial Burial	236 DATE 236 NA 2/3/82 Hill	elcre			llegany Margland
DHMH - 16 50M 1/81 (VRA 15, 4)		JNERAL DIRECTOR Wäighe George 2	02 Greene St. Cur	berl	21502 250 To	BECO. BY REGISTRAR 256 AGIST	RABOS IGNATURE

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ST. FROSTBURG

(VRA 15. 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENF

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR KNOWN DECEASED NAME 2a. DATE (TYPE OR PRINT) ESTI- X 10:05 Richard Glotfelty Jenkins DEATH MATED 4. RACE 3. SEX DATE PRONOUNCED Jan 27,82 M June 26. DEAD 1905 76YRS 7h CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED Frostburg, MD USA Allegany County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, Pipefitter 18. GIVE PAGES 1, 2, AND 3 TO TI 5. WITH FORM PM 3. RETAIN PA AIT. PAGES 1 AND 2 SHOULD BE FI E, DIVISION OF VITAL RECORDS, 28 Cumberland. MD Hospital Sacred Heart Frostburg 3a STATE Allegany Gunter Hotel 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Leona Glotfelty Edward LAST J enkins 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) 214-07-6606 Virginia Myers, Upper Marlboro, MD 18. CAUSE OF DEATH (Enter only one-couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:

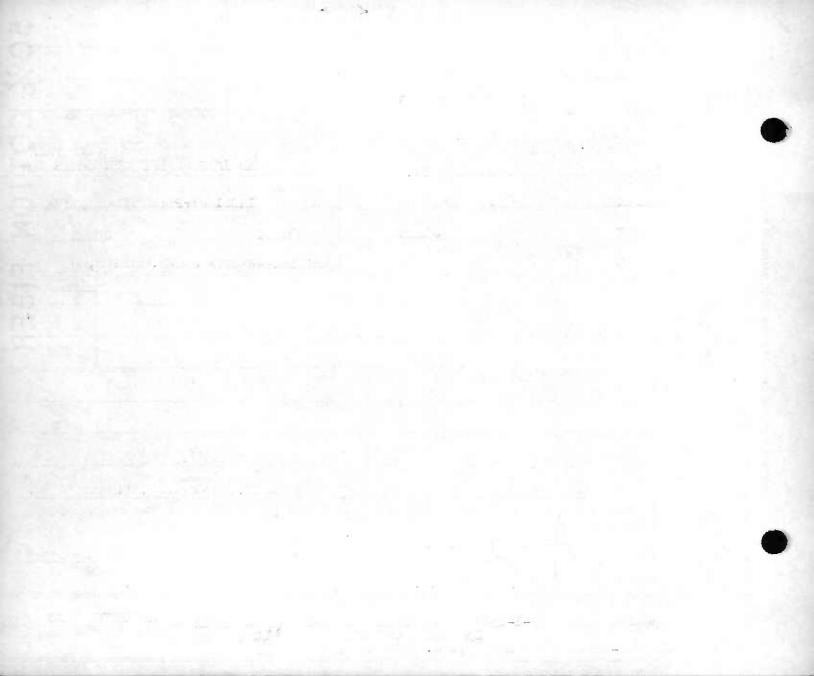
Cerebro-Vascular Accident..(CVA) ALONG W BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE. DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is spleen, Renal failure,?chronic myelocytic Subcupsular hemorrhage of leukemia 20 AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO BURIAL, WARDED TO THE CHIEF PAGE 3 SHOULD BE USE STATE DEPARTMENT OF H 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTORE PAFIER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an and in my opinion Hamicide TITLE (SPECIFY) DATE 1/28/82 MEDICAL EXAMINER EXAMINER'S NAME Giovanni Mastrangelo, M.D. ADDRESS 900 Seton Drive, Cumberland, Md. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION ROCKY GAD Cumb. Buran KAYAQQ BP de b Colette Colette Colette Colette (m. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 REGISTI **DHMH - 17** John J. Hafer, 1302 National Highway (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND

7 Dung 26, 707 76 2.50 Di grad, nor Camberland, M . agent metillegii Benife Allegany Frontings X Genter Hotel Jeditan Liona Glotlelty At 13 Cit-Cold Virginia year, Upper Mary bord, MR OF THE CONTROL OF THE

John J. Haffer, 1902 Matteral Bighway

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4	3.0	REGISTRAR		ME	DICALE	XAMINE	R'S C	ERTIFIC	CATE OF	DEAT	TH	REG	NO.				A
	1	DECEASED NAA	E FIRST	116	MIDDLE			LAST		2	DATE	KNOWN	1 X) M	AONTH	DAY	YEAR	2b. HOUR
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELENGET THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELENGENE THE CERTIFICATE, WARTING THE WORD "FENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO FUNRAL DIRECTOR; PAGES 3 SHOULD BE USED AS A BURIAL-TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE	EWA		IGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT RELATE	O TO THE TERMIN	AL DISEASE	OR CONDITION	GIVEN IN PART	1 (a).							
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ATE. J	D.S.	22a. I cer	ify that I took charg	e of the remains de	scribed obove	e, held on	Autops	y X.	Inspection		Inquiry		ond in	my opii	nion		
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D E E C	E A E	3a. BURIAL, CREMA	TION, REMOVAL 2	3b. DATE	23c. NA	AME OF CEMI			DRY	23d. LOC	ATION						
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DHMH- (VR AT5 M	E(5))	EASURE -	STEIN FUNI	ERAL HOME	,INC.C	UMBERI	AND.	MD	- 40		וטטג		and the same	M			
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	1	FOR - STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	0 0	0	4 5
		ECEASED NAME PE OR PRINT)  FX	MIDDLE RACE	S. DATE O	ELLER DE RIRTH	20. DATE OF DEATH  JAN.  6. AGE (IN YEARS LAST BIR	MONTH DAY	821	HOUR 150 A
		Female	White	Dec	DAY YEAR	78	YRS.		HOURS MIN.
n 72 hau	6	SIRTHPLACE (STATE OR FOREIGN COUNTRY) aureldale, W. Va.	76. CITIZEN OF WHAT COU USA	MARRIE	D NEVER MARRIED DIORCED XX	9 BALTIMORE CITY O	R COUNTY OF	DEATH	AA
filed with		Cumberland	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	NURSIN	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKE	ON 11	2b. KIND OF INDUSTRY Own H	
should be f	130	JAL RESIDENCE (IF NURSING HOME OF STATE JALO: Alle	VIY 13c CITY O		YES X NO	13e STREET ADDRESS 120 Hanov	er St.,		
exomination on d 2		Wm. How		.ST	15. MOTHER'S MAIDEN NA/ ETiza	E . MIDDLE		uhn (AST	
physician and co	160		E WAR OR DATES	1 SECURITY NO.	Robert Kelle:	r,8 Houston			19067 Pa.  ATE INTERVAL ISET AND DEATH
n signed by the oftendii Then please remave cort to burial, cremation, or njury, or ather fraumati	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	ISEQUENCE OF	NOT RELATED TO THE TERM	inal disease or coni	DITION GIVEN II	N PART Ha	
ronsit permit. I Hygiene prior I B shows ony ii	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATIO		200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES O ]	SS USED OF DEATH?
the burial-transit and Mental Hygie ked or Item 18 sha	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK  AT WORK		19	21f. LOCATION STREET	CITY OR TO		OR PART 2)	STATE
DIRECTOR: Attached for use as Dept. of Health Them 21 is man		220.1 certify that (1) (this haspi	1/1-	1982/,01	od that in (my) (our) apinion of	, todeath occurred on the do	19 diste and hour and	from the co	ot (I) (we) lost uses stated
Should be detached with the State Dept.		724 PHYSICIANDA TIANE PROPERTY	ALMOS	*	ATTENDING PHYSICIAN C	DIRECTOR PHYSIC	t. au	uber	land
F ₹ ₹ ₹	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE Jan. 22, 1982		EMETERY OR CREMATORY Point Cemeter	23d. LOCATION CITY OR TOWN	, Minera	W.	Na.
16 50M 1/81 A 15, 4)	1	RALDIRECTO NE		oress MineralS	t, Keyser	AN 2 5 1962	The Parket	- Western	- State of

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L	FOR STATE REGISTRAR				CERT IF	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH		REG. NO		0	1 -1 0
	ECEASED NAME	RICHAR		COURTLAN		KISER		ARY 1		L982	7:55A
	Male		RACE White		5. DATE O	DAY YEAD	6 AGE (III	YEARS LAST BIRT	HDAYI YRS.	IF UNDER 1 YEAR	
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0	UMBERLA	ND	(IF NOT IN SUC	HEACILITY, GIVE STREET A	OSPI	TAL	(TYPE OF W	L OCCUPATION OF THE CONTROL OF THE C		INDUISTO	OF BUSINESS OR emist
130.	STATE Va.	M:ner		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Keyser		136. INSIDE CITY LIMITS?	Rd 2	ADDRESS BOX	114		26726
14. F.	ATHER'S NAME FIRST Ambro	se V		Kiser		De l'Ea	NAME	M. MIDDLE		Harmai	AST <b>n</b>
	WAS DECEASED EV YES, NO OR UNKNOWN)			217 10		Elinor K.	Heath	ADDRE Ba		ore, Me	d.
	Conditions, if of gove rise to icouse (a), steunderlying cau	IMMEDIATE C	DUE TO, OF	In the Conseque	He.	Coronay Ar	Circlia Di	failer sean		BETWEEN	XIMATE INTERVAL NONSET AND DEATH
TION		Drafette 1	Mellity	, Oganic	ga	NOT RELATED TO THE TEL	,				
CERTIFICATION	190 DATE OF OPE				OPERATIO	N WAS PERFORMED	200 AU	пос	IN CERTI	S, WERE FIND FYING CAUSE ES	
MEDICAL CE	210. ACCIDENT WAS I OR CONTRIBUTING [ (IF EITHER, NOTIFY M	CAUSE OF DEATH	P./	M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCU	JRRED (ENTER	NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
MED	WHILE NOT	WHILE O	21e. PLACE (	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
		(I) (this haspital) ased alive an ) (did) (did nat) vi		deceased from		d that in (my) (our) opinio		red an the do			, that (I) (we) lost e couses stated
	22b. SIGNATURE	104	The body	and the second		DEGREE				22c. DAT	F SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

14 Jan 82

Mineral W. VasiATE

TYPE OR PRINT) A. RANJITHAN

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

220 ADDRESS MEMORIAL

HOSPITAL 23d. LOCATION

BP.

etained by the haspital or attending physicial

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr TO FUNERAL DIRECTOR: After this certificate has been

MPORTANT: If Item 21 is marked or Item 18 shows ony

24 FUNERAL DIRECTOR "Allen M. Rotruck

23b. DATE 17

Jan 82

Keyser, W. Va.

236 NAME OF CEMETERY OR CREMATORY Queens Point

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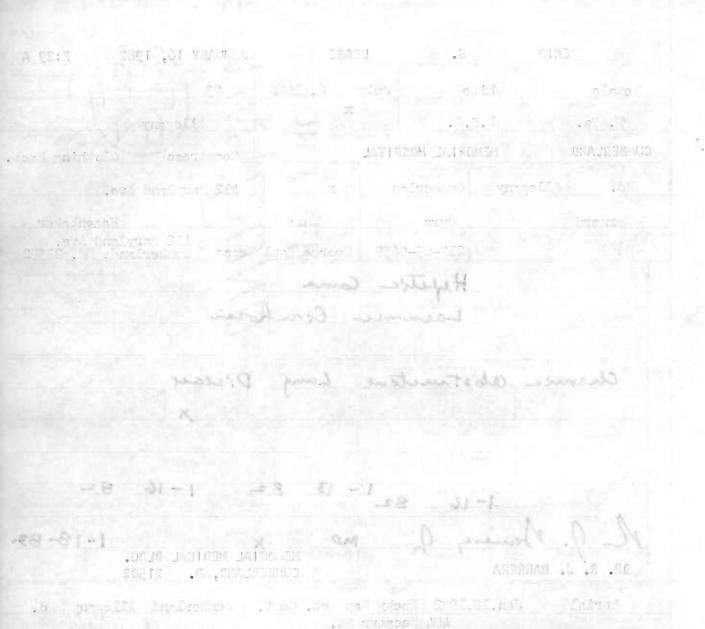
	FOR STATE REGISTRAR			DEPART	STATE OF MENT OF HEAL CERTIFICA		ENTAL HYG		EG. NO.	0 0	0	4 /
	DECEASED NAME	FIRST		MIDDLE	LAST			20 DATE OF DE	ATH MONTH	DAY	YEAR	26 HOUR
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urs offer. pg	SEX		4 RACE		5. DATE OF BI	RTH	YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS
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ewent, the medical	(YES, NO OR UNKNO	None	E WAR OR DATES)	220 10 (line for (a), (b), ar	0588 IM	r. Ch		F. Knigh	address	W. Pie	edmoi	V. Va.
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oud pay	21d INJURY O	CCURRED NOT WHILE AT WORK	(AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,		LOCATION	1	CI	Y OR TOWN	COU	YTY	STATE
23	sow the c	hat (I) (this haspi leceosed alive on (we) (did) (did na	1-2	9 19	1 2 - 2 81 , and th		19.8 tour) opinion o	, todeath occurred ar	the date and			
with the State Dept. MPORTANT: If Item		U'S NAME (HPEO	R PRINT)	aem	M	AT	TENDING TYSICIAN	MEDICAL DIRECTOR   1	STAFF PHYSICIAN [	1 1		25-82
APOR.	JOHN	MEHANNA	M.D.		90	19-B S	ETON D	DRIVE, C	JMBER L	AND, MI	0	21502
21	BURIAL CREMA	tion, REMOVAL Urial 🔨	1/26/8	1 20	NAME OF CEME	TERY OR CH	EMATORY	ZM. LOCATIO	N	Mine		W. Va

DHMH - 16 50M 1/B1 (VRA 15, 4)

2	1.	FOR /5 STATE REGISTRAR		DEPARTA	STATE OF MARYLA MENT OF HEALTH AND I CERTIFICATE OF E	MENTAL HYG	IENE 8 2	0 0	0 4 3
		CEASED NAME FIRST	MID	DIE	LAST		28 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
ay be age 3 death		DOROT	HY LI	LOYD	KREILING		JANUARY 9,198	2	6:10 PM
frer po	3, SE	X	4. RACE	7 mself	5 DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
		Female	White		Aug. 28,	1912	69 YR		, nooks   min.
2221 WW.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY?	MARRIED NEVER	MARRIED -	9. BALTIMORE CITY OR COU	NTY OF DEATH	
144		Maryland	U.S.A		WIDOWED A DI	VORCED	ALLEGANY CO	UNTY	MD.
1 21 80	10 C	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	G HOME OR OTHER INST	TITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN		OF BUSINESS OR
1 304		Cumberland	SACRI	HEART	HOSPITAL		Housewife		Home
of the sol	USU, 130. S	AL RESIDENCE (IF NURSING HOME TATE 136 COL		E RESIDENCE BEFORE		ITY LIMITS?	13e STREET ADDRESS		
1 11 12	-		legany	Frostb	urg YES X	NO 🗌	6 Bowery	St.	
1 16 11/10	14. FA	THER'S NAME	MIDDLE	LAST		S MAIDEN NAM		P=1901	Table
1 6 000		Daniel		loyd		Vivian		Dand	.0
e execu		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 16	b. SOCIAL SECU	RITY NO. 17 INFORMA	INT	ADDRESS		
		No		14-05-	6463 Chris	stina	Kreiling, Fr	ostbur	g, Md.
ysicial appersion		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per lin	e for (a), (b), and	f (c).)		0 0 - (	APPRO BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
g ph anp			ATE CAUSE (b)	Lux	myor area.	mec o	Courca		
th ce carb , ar i		1710	DUE TO, OR A	S A CONSEQUE	NCELOF DI-	-	Am 1+		T /.
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the the rem	110	couse (0), stating the	DUE TO, OR A	S A CONSEQUE	NCE OF	0			0
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law is been ermit.	ICA	190 DATE OF OPERATION	196. CONDITIO	DN FOR WHICH	OPERATION WAS PERFO	RMED	20a AUTOPSY? 20b. IF	YES, WERE FIND RTIFYING CAUSE	INGS USED
The cian re ho sit p	RTI						YES NOT	YES 🗌	NO 🗌
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SIC cert cert cert liter liter	ICA	(IF EITHER NOTIFY MEDICAL EXAMIN			19				
PHY this the bund w	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY, OFFICE F	211 LOCATIO	N	CITY OR TOWN	COUNTY	STATE
Tho of the orke		WHILE NOT WHILE AT WORK							
Neo Res	Η.	226.1 certify that (I) (this has	/ -	eceased from_	1	_, 196		19	, that (I) (we) last
ATTI SSpit SSCTC d for d for m 21		sow the deceased alive a above, (I) (we) (did) (glid)	not view the body oft	er death.		(our) opinion o	leath accurred on the date and		
OR DOINE Oche Dep		22b. SIGNATURE	7	0	DEGREE	TTENDING	, MEDICAL STAFF	,	TE SIGNED
→ + O)	-1	18	100	000		PHYSICIAN Y	DIRECTOR   PHYSICIAN	/-	-11-85
HOSPITAL ined by 11 FUNERAL vild be det in the Store	10	774 PHYSICIAN'S NAME THA	Section 1	DA	22e ADDRES				
O HOSPITA: etained by 1 TO FUNERA! should be de with the Stati		WAYNE SPIG		90	<del></del>		N DRIVE CUMBER	LAND, ME	21502
F 7		URIAL, CREMATION, REMOVA			AME OF CEMETERY OR C	REMATORY	23d. LOCATION	GOHNIM	STATE W
BP		Burial	Jan. 12,				rk Fröstburg	, Alle	gany, Mo
DHMH - 16 50M 1/B1 (VRA 15, 4)	24. FL	INERAL DIRECTOR			7 FROST AVE	250. DATE	REC'D. BY REGISTRAR 150 PEC	SISTRARSSIGN	MARK.
(VNA 13, 4)		DURST FUNE	RAL HOME	F	ROSTBURG, M	D. JAN	1 8 1982	all falls	

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15	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAND TEALTH AND MEN TICATE OF DEAT	TAL HYGIE	REG. NO.				
m s		CEASED NAME OR PRINT)	FIRST		WIDDLE		LAST		DATE OF DEAT		DAY YEAR	25 HOUR	
y be			ENID		G.		EASE		JANUARY		-	2:29 A N	
fter by	3 SE	X		4 RACE		5. DATE		YEAR	AGE (IN YEARS LAS	ST BIRTHDAY)	MONTHS DAY		
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TANA SOL	7a. B	RTHPLACE (STATE O		76 CITIZEN OF		MARRIE	D IN NEVER MARE	RIED 🗆	BALTIMORE CI	_			
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ond exom		Bernard			Ours		Nor					nbaker	
n and ce Pages I		VAS DECEASED EVI (ES, NO OR UNKNOWN)		RMED FORCES?		SECURITY NO.	17 INFORMANT		2	ppress 12 Ma	ryland A	Ave.	
S. Po		No	-		217-0	5-0659	George 1	Paul L	ease (	lumber	land. Mo	1. 21502 OXIMATE INTERVAL EN ONSET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESION S1., BALLIMORE, MARTLAND 2120  ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rathereding physician.  After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled in by the and Mental Hygiene prior to burial, cremation, or removal.  The property of the property of the property of the medical examiner must be not account of the medical examiner must be not be property.	NOI	Conditions, if of gove rise to it couse to be underlying counderlying counterlying	ny, which mmediate string the use last	(b) DUE TO, C	DR AS A CONS	SEQUENCE OF SEQUENCE OF	Or RELATED TO	THE TERMIN	al disease or o		GIVEN IN PART	1(0)	
law r law r s bee	CERTIFICATION	19a DATE OF OPER	RATION	19b. CONE	DITION FOR W	HICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b. IF IN CE	YES, WERE FINE	DINGS USED SES OF DEATH?	
The I The I cicion. The loss ssift per shows	M H								YES NO		YES 🗌	NO 🗌	
SICIAN: TI ng physici certificate rial-transi ental Hygi frem 18 sh		OR CONTRIBUTING [	CAUSE OF DE			H DAY YEAR	21c. HOW INJURY	Y OCCURRED	) (ENTER NATURE OF	F INJURY IN ITEM	A 18, PART 1 OR PART 2	3	
VG PHYS offendir ter this is the bu h and M	MEDICAL	WHILE NOT AT WORK	WHILE WORK		E OF INJURY STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY C	DR TOWN	COUNTY	STATE	
ATTENDIN spital or a CTOR: Aft for use of		22a. I certify that saw the dece above. (1) (we	osed plive or		16	19 <b>82</b> , o	nd that in (my) (our	) opinion de	oth occurred on t	- 16 he date and	hour and from t	the couses stated	
AL OR , the ho (AL DIRE detoched one Dept II. If then		12h SANATURE	7. 1	Janes	4 (	).	MD ATTEM	NDING SICIAN	MEDICAL DIRECTOR _ PH	STAFF TYSICIAN	1-	TE SIGNED	
TO HOSPITAL retoined by the TO FUNERAL should be detoined with the Store IMPORTANT. If		DR. R.					22e. ADDRESS M		AL MEDIC	AL BLI			
T e s ₹ 3 ₹	23a	BURIAL, CREMATIO	N, REMOVAL				EMETERY OR CREM		23d. LOCATION	4	COUNTY	STATE	
BP		Buria	1 -	Jan.18			ap Vet. (	Cemt.	Cumber	rland	Allegar	ny Md.	
DHMH - 16 50M 1/76		UNERAL DIRECTOR				ssDecatu			REC'D. BY REGIST	1/1	GISTRAPSTIGN	AYURE	
(VR A 15 (4) )	S	ilcox-Mer	ritt F	un'l Se	er. Cum	berland.	Md.	LAN	12 5 198	1 11	Maria Car		



and completely filled in by the funeral ages 1 and 2 should be filed within 721

X	FOR STATE REGISTRAR	
	1 DECEASED NAME	FIRST

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	0	0	U	13	(

		REGISTRAR							REG. N	0.			
		CEASED NAME	FIRST	/	MIDDLE		LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	_
		ROBE			LBUR		LCOLM		JANUARY 2			1:20	Рм
	3. SE	Male		RACE White		S. DATE (	1 DAY	1907	6. AGE TIN YEARS LAST BIS	YRS.	DER I YEAR	HOURS 4	MIN.
-	To. B	RTHPLACE   STATE OR FOR	EIGN 76.	CITIZEN OF	WHAT COUNTRY	? 8	a D NEVE	R MARRIED	9. BALTIMORE CITY	R COUNTY OF	DEATH		
2		est Virgini		U.S.A	_	WIDOWE	DX	DIVORCED	ALLEGAN	Y CONNTY			MD.
2		mberland		(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREET D HEART	T ADDRESS)		ISTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE)	Self	F BUSINESS	OR
	USU	AL RESIDENCE IT NURSING	HOME OF OT	HER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	IAL		Carpente	r	pett	Emp.	
5	13a. S	STATE Dia	Hamps	1	Points	WN	13d INSIDE	NO A	13e STREET ADDRESS	Rura	1		
1	14. FA	ATHER'S NAME	MID	nous .	1241		15. MOTHE	R'S MAIDEN NAM					
1		Perry			Malcolm			Myrtle		Mar	tin	of .	30
3	16a V	VAS DECEASED EVER IN YES, NO OR UNKNOWN)		D FORCES?	232-26-		Will		alcolm, Rt		ney,	26757 WV	à
	NOI	PART 2 OTHER SIGNIFI	diote the lost.	( (c)	.10		0	A	NAL DISEASE OR CON	DITION GIVEN II	N PART 110	a	
2	CERTIFICATION	190 DATE OF OPERATIO	N	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PER	ORMED	20a AUTOPSY?  YES □ NO □	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	OF DEATH?	
7	MEDICAL CER	21g. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU: (IF EITHER NOTIFY MEDICAL! 21d. INJURY OCCURRED	SE OF DEATH	21b. TIME OF HOUR A./ P./ 21e PLACE O	M. MONTH D	AY YEAR	21c. HOW		ED (ENTER NATURE OF INJU	RY IN STEM 18 PART I (	OR PART 2)		1
	ME	WHILE NOT WHILE AT WORK			EET, FACTORY, OFFICE,	FARM, ETC )	STRI		CITY OF TO	WN (	YTHUO	STATI	E
		22a.1 certify that (1) (the saw the deceased company (1) (we) (did)	alive an	JA	N 23 19	_	nd that in (m	y) (aur) apinian d	, ta	, , , ,			
		226. SIGNATUIT	1 7.	Lu	enzool	In	DEGREE		MEDICAL STAI	FF	1-2	SIGNED	>
		PAUL 7	T. L		V600D		22e ADDR		ON DRIVE, (	UMBERI AI	VD M	2150	2
	23a B	BURIAL, CREMATION, REA	MOVAL	23b. DATE		NAME OF C		CREMATORY	23d. LOCATION	A TOLINE	AL ALL		
	(	SPECIFY) Burial		1/26/82	2 F	orest	Glen	Cemetery	Points	Hampsh	ire	WV	E

O HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept: af Health and Mental Hygiene prior to burial, cremation, ar removal.

marked ar Item 18 sho

IMPORTANT: If Item 21 is

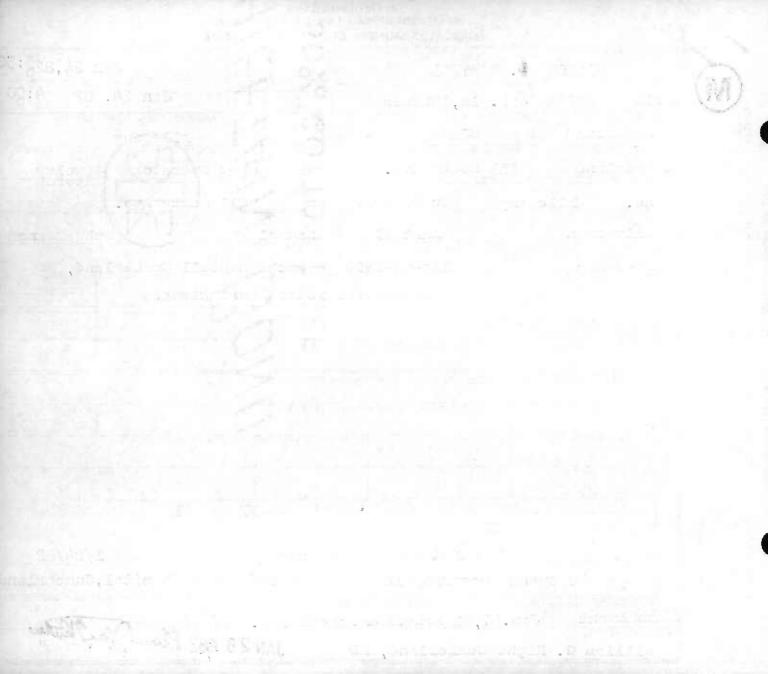
SHAFFERS F.H., 230 E. MAIN ST., ROMNEY, WV.

1/26/82

JAN 2 8 1982 1982

Hampshire SIGNATURE

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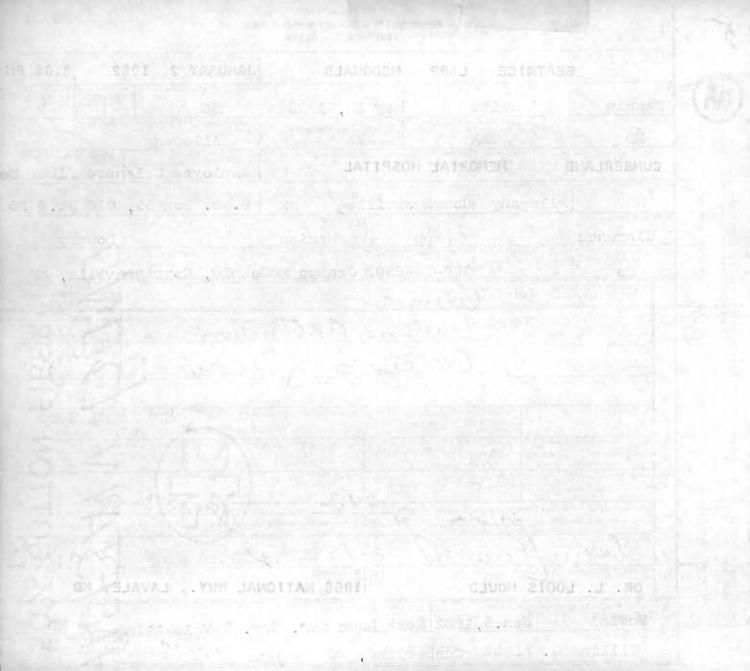


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DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical exeminer must be notified in

		FOR - STATE REGISTRAR			MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE B 2	0	0 0	5 2
		CEASED NAME FIRST E OR PRINT)  BEAT	RICE	LAPP		NALD	JANUARY		YEAR	26. HOUR 8:08 PM
)		emale	* RACE White	9	S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.	INDER TYEAR	IF UNDER 24 HRS
35		RTHPLACE (STATE OR FOREIGN COUNTRY)	USZ		MARRIE		BALTIMORE CITY C	any	DEATH	MD.
50	C	UMBERLAND	MEM	OR T'ACLESTH	OSPI1	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF Employee	F WORKING LIFE)	INDUSTRY	F BUSINESS OR Fiber C
35	13a. S	MD Alle	egany	136 CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	P. O. Bo	x 59,	old :	Rt.# 36
10	(	Clarence	MIDDLE	Lapp		Marian	MIDDLĘ		Lowe	
1		VAS DECEASED EVER IN U.S. AR yes, no or unknown) (1F yes, giv	MED FORCES? E WAR OR DATES)	220-16-		Janice McD	onald, Co			e MD
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, O	R AS A CONSEQUE	ENCE OF	OBSTUL VO C NOT RELATED TO THE TERMI	etuss MAL DISEASE OR CON	DITION GIVEN	3M 3M	rio-
2	CERTIFICATION	19a DATE OF OPERATION  23a, ACCIDENT WAS UNDERLYING			OPERATIO	N WAS PERFORMED	YES NOTE NOTE OF NAME	20b. IF YES, W IN CERTIFYIN YES	G CAUSES (	GS USED OF DEATH? NO
9	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this hospi sow the deceosed alive an above, (1) (we) (did) (did no  22b. SIGNETURE	P. 21e PLACE (AT HOME STI	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, H	19 FARM ETC)	211. LOCATION STREET  7 9  d that in (my) (our) opinion d DEGREE ATTENDING	to CAA Cleath occurred on the do	wn 19_	COUNTY	
1		DR. L. LOUI	s MOUL	D		PHYSICIAN 222e. ADDRESS 1068 NATION	VAL HWY.,		E, MC	)
	(	urial, cremation, removal  SPEUTIAL  INERAL DIRECTOR  William G.	Jan.5 Kight		est L	EMETERY OR CREMATORY  AWD Mem Ga  250. DATE  AND	REC'D. BY REGISTRAR	Alloc	SIGNACU FILM	MD STATE



BP\_\_\_\_\_ DHMH - 16 50M 1/81 (VRA 15, 4)

	1	FOR - STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH		0	0 0	5 3
	I. DE	ECEASED NAME FIRST		MIDDLE		AST	REG.	NO.	YEAR	2b. HOUR
1	(TYP	PE OR PRINT)	201	н.	McKin		Za. DAIL OI DEAIII			
(是	3. SE		4 RACE	0.	5. DATE C		6. AGE (IN YEARS LAST E		UNDER I YEAR	6:45p M
2	ah .	Female	Whit	_	MONTH	01 14ª	68	YRS.	NTHS DAYS	HOURS MIN.
St and		SIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	USA	WHAT COUNTE	WIDOWE		9. BALTIMORE CITY Allegany			MD
Patified		Frostburg	Fros	thurg Co	ommunit	y Hospital	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST House	TION OF WORKING LIFE) WIFE	INDUSTRY	Home
e must be	13a.		DROTHER INSTITUTION	GIVE RESIDENCE BE	NWC	13d INSIDE CITY LIMITS? YES <b>X</b> NO [	208 Mary			
l examin		William	MIDDLE	Winf		15. MOTHER'S MAIDEN I	WIDDIE		Him	mer
e medico	No	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)  -UNKNOWN  (IF YES, G	RMED FORCES?	219-0	3-9670	17. INFORMANT  Frostbut	rg Community		1	
vent, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		line for (0), (b),	and (c).	ah - al	Carline		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
traumatic e		Conditions, if ony, which gove rise to immediate	DUE TO, O	R AS A CONSEC	OUENCE OF	ne of the	Recta Egin	6 ingr	2	Joery
ry, ar ather		couse (o), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEC		NOT RELATED TO THE TE	RMINAL DISEASE OR COI	NDITION GIVEN	IN PART 10	o'
daws any inju	TIFICATION	Distulte of OPERATION	melle	to.		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDIN	GS USED
Item 18 sh		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	ER) P.	M. MONTH M.	DAY YEAR	21c HOW INJURY OCCI	URRED (ENTER NATURE OF INJ	URY IN ITEM TB PART	T OR PART 2)	**************************************
marked ar	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFIC	CE, FARM, ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
21 is		220.1 certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did no	n /—	3/- 10	82, on		7, to on death accurred on the a	3/, 19 late and hour ar	d from the	that (1) (we) last causes stated
MPORTANT: If Item	3. SED 3. SED 3. SED 4. FA 10. CIT 113a. S 14. FA 16a. W 17	22b. SIGNATURE	SS	Les	11 1		MEDICAL STA		2/1	8 F2
MPORTA		22d. PHYSICIAN'S NAME (TYPE	hir. M.D			22e. ADDRESS 48 Tarn	Terrace, Fro	stburg.	Md.	
_	E	BURIAL, CREMATION, REMOVAL BUTTAL	Feb. 3	,1982 23	Hiller	est Cemeter	y 23d. LOCATION Cumber1	and, AÍ	legany	
/81	24 F	UNERAL DIRECTOR NAME James F. S	carpelli	, Cumbe	rland,	Ma. FEE	ATE REC'D. BY REGISTRA	Pane C	R'S SIONATI	URE -

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			ar fo	1	53 FAST	44.
	ะหรานกว้	wisosith			XSU	Mary Land
nero. I nove	1826	meun:	les kozoli	m Coesuity	ud#20**	Frostburg
	teard?	MALE BUZ	y.	her fy	) _ washe(i)	bnafwrs'
'teretil			rief r	*faite!		nei I i i i
	intineo!	Common ty	- NIEd Flore	N. 10 - 1	S	meralisi)
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dates i. Sommonlit, Conterlord, .d. ... 718 h

-	1-	FOR STATE REGISTRAR			DEPARTMENT O DICAL EXAMI	F HEALT			ATL	0 0	()		
		CEASED NAME PE OR PRINT)	Roy E.	McLaughli	WIDDLE		LAST		REG.  20. DATE KNOWN  OF ESTI-  DEATH MATED			AR 10 H2	
	3. SE	X 4. 1	ACE White	5. DATE OF BIRTH MONTH DAY Oct. 2,	YEAR 6. AGE (IN LAST BIRT)	YEARS IF U	INDER 1 YR. IF UN	DER 24 HRS	. 2c. DATE PRONOUNCED DEAD	MONTH  1		EAR 10:12	
	P	REIGN COUNTY IVA	na	76 CITIZEN OF WH		WIDO		ARRIED   ORCED	9. BALTIMORE CIT	Y OR COUN legany	TY OF DEATH		
		Cumberla	nd	DOA Memo	PITAL, NURSING HOLD CILITY, GIVE STREET ADDRESS Drial Hosp	ital	HER INSTITUTION	12e US	SUAL OCCUPATION ( R MOST OF WORKING LIFE)  alnman			BUSINESS JSTRY Coad	
	13a. S	AL RESIDENCE (IF II TATE MD	13b. COUN Alle	or other institution, Giv TY <b>gany</b>	136. CITY OR TOWN Cumber1	and	13d. INSIDE CITY LIMIT	15?   13 e. ST	REET ASPRESS Line	oln St	treet		
				Laughlin	ED FORCES? LIAN SOCIAL SECURITY NO. 17 INFORMANT								
	16a. V (Y	VAS DECEASED E' ES, NO, OR UNKNOWN YES	War	II-Korean	220-10-8		Mrs. ]	rene	ADDRI McLaughlin	erland,	Wife		
		18. CAUSE OF D PART I DEATI	WAS CAUSE	ly ane cause per line D BY: TE CAUSE (o)	far (o), (b), ond (c).)  Arter	iosc	Lerotic He	eart D	isease		APPROXIMATE INTERV. BETWEEN ONSET AND DE		
	NO	gove rise cause (o) sta lying cause I		(c)	AS A CONSEQUENCI		ISE OR CONDITION GIVEN I	N PART 1 (a).			sudde	211	
	MEDICAL CERTIFICATION	19a. DATE OF OP	ERATION	196. CONDIT	ION FOR WHICH OP	ERATION	WAS PERFORMED?	RMED?			20. AUTOP		
	CAL CER	21a. EXTERNAL Č UNDERLYING CONTRIBUTING	OR		INJURY MONTH DAY YE.	AR 21c. H	10W INJURY OCCU	RRED (ENTER	NATURE OF INJURY IN ITEM	18 PART I OR PA		100	
	MEDI	21d. INJURY OCC WHILE AT WORK	URRED OT WHILE T WORK	STREET FACTO	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. L	OCATION STREET		CITY OR TOWN	COL	UNTY	STATE	
		death resulted f	Notur	re af the remoins described as the remoins des	ribed obave, held on Accident ,	Auto	psy , Inspe , Hamicide TITLE (SPECIFY M.D. Deputy	)	Inquiry A, termined monner	ond in my op ], DATE SIGNE	1-20-	·82	
1	23a. Bl	EXAMINER'S NA (TYPE OR PRINT) URIAL, CREMATIO	V,REMOVAL 2	3b. DATE		EMETERY	OR CREMATORY		land, Mary	land	NTY	STATE	
	24. FL	JNERAL DIRECTO	?	L-23-1982 AL HOMEPORESS	CUMBERLA N		Cemetery 25a. DA	F	ort Ashby	W.Va.	IGNATURE.		

Littlelay . 1 you to the state at the state of desire miceral Ser perfected for the control of the toward sestmerals, K. L. a. . usbyrbard, laryland Town at the street property of the street street street street street street

5		FOR - STATE REGISTRAR			CERTII	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO.	0 0 0	5 5
m #		CEASED NAME FIRST E OR PRINT) NE		/IRGINIA		HAEL	JANUARY 24		6:00
(RA)	I. SE	x Female	4. RACE Whit		5. DATE (	H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DATS	IF UNDER 24 H
W <sub>bx</sub>	Pa B	IRTHPLACE (STATE OF FOREIGN COUNTRY)		WHAT COUNTRY?		1/11/03 D □ NEVER MARRIED □	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
by the filled within	C	W.Va.	MEMOR	HALL SIMOS	PITA	OR OTHER INSTITUTION	Allegany ( 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOUSewife	RKING LIFE) INDUSTRY	OF BUSINESS (
hin 24 hou sly filled in should be	13a.	AL RESIDENCE (IF NURSING HOME) STATE  W. Va. MO  ATHER'S NAME	POR OTHER INSTITUTION DUNTY Tgan	BETTRE		13d. INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS		) W W
omplete with a series of the s		William	MIDDLE	Dawson		Carrie	WIDDLE	Grove	ST
ond condico		VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ck. Berkelos		747
equires that in signed by in Then please in to buriol, cri	NOI	PART 2 OTHER SIGNIFICAN	(c)	R AS A CONSEQUE  CRUSH  ONTRIBUTING TO D	er 1	NOT RELATED TO THE ORN	MINAL DISEASE OR CONDITION	ON GIVEN IN PART I	0'
been mit. T	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY? 200 IN	. IF YES, WERE FINDI CERTIFYING CAUSES YES	NGS USED OF DEATH?
3 PHYSICIAN; The II thending physicion. sr this certificate hos the buriol-tronsit per and Mental Hygiene and Arental Hygiene and or Item 18 shows	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.	DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I		110
or ottending PHY.  After this e os the buy olth and Mmorked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR: OR: OR: I is		22s.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) foid					death occurred on the date o		that (I) (we) lo couses stated
SPITAL OR ATI I by the hosp VERAL DIRECT be detoched for Stote Dept. or IANT: If tem 2		226. SIGNATURE	der		n	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED - 4/8:
OR THO		DR. THADDE		LDER			DRIAL HOSPIT BERLAND, MAR		,
		BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOW	COUNTY	HAN
BP DHMH - 16 50M 1/B1 (VRA 15, 4); •	24 FI	JNERAL DIRECTOR WNAM . Helsley			on	hapel Cem.	F REC'D BY REGIST AND THE	HOSTICA HOLI	A.

NOTICE IN HOSPITAL MEDICAL . Aleren 1/27/25 Union Charge Com. Spring Co., Tr. La. are the second of the second o

X	FOR 1 - STATE REGISTRAR		STATE OF I			0 0 0 5 5
289G	1. DÉCEASED NAME (TYPE OR PRINT)	vett Love	1/9 3. 1	Miller	20. DATE KNOWN OF ESTI- DEATH MATED [	MONTH DAY YEAR 26 HO
A DOUBLE TO	Female White	5. DATE OF BIRTH 9-22-1946  YEAR	35 YRS.	NDER 1 YR. IF UNDER	MIN. PRONOUNCED DEAD	MONTH DAY YEAR 2d HO
NECESSA S. CONERS WITH WEESS	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COU	WIDOV		Alle	or county of DEATH
ELAY IS TO THE P SE PRING	10. CITY OR TOWN OF DEATH  Old town	11. NAME OF HOSPITAL, N (1F NOT IN SUCH FACILITY, GIVE DOA Sacre	d Heart Hos		120. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE) Housewife	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY  ONW HOME
21201 ANY D AND 3 RETAIN HOULD RECORD	USUAL RESIDENCE (IF IN NURSING HO 130. STATE 13b. CO Maryland Al	UNTY 13c. CIT	E BEFORE ADMISSION) Y OR TOWN	13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS	Box 13
ME. MD.	14 FATHER'S NAME FIRST Bernar	d Breighner	LAST	15. MOTHER'S MAIDE	nces Schaffdt	LAST
BALTIMOR S AFTER DE GIVE PAGE GIVE PAGES I A PAGES I A IVISION OF	160. WAS DECEASED EVER IN U.S. 1485, NO, OR UNKNOWN)   118 YES, C	IVE WAR OR DATES)	CIAL SECURITY NO. 4-48-3319	John R. R	ichard, Wiley F	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM RE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERRMIT. PAGES I E DEPARTMENT OF HEALTH AND MENTAL HYGEINE, DIVISION OI PRIOR TO BURIAL. CREMATION, OR REMOVAL.		ote (b) Surja	NSEQUENCE OF LIPE ATEO TO THE TERMINAL DISEASE	E OR CONDITION GIVEN IN PAR	The Tissul	lose,
MITAL RECORI SHOULD BE ED SRD "PENDIN OFFE MEDIC E USED AS A EI T OF HEALTH. URIAL, CREM	190 DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE CONTRIBUTING OF CAUSE OF THE CONTRIBUTION OF COURRED WHILE NOT WHILE	196 CONDITION FOR	WHICH OPERATION V	AS PERFORMED?		20 AUTOPSY?
ON OF V	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	21b. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR	OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18	SPART I OR PART 2)
DIVISI HIS CERT WRITING (ARDED AGE 3 SP AGE 3 SP AGE 1 SP (1201 PR)	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJUR STREET, FACTORY, FARM,		CATION	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE. WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYDAND, 21201 PRIOR TO BURIAL.	220. I certify that I took ch death resulted from: No ACTUAL SIGNATURE	ritural causes . Accident	Suicide N	Hamicide TITLE (SPECIFY)	Undetermined manner,  MEDICAL EXAMINER	DATE 1-11-82 signed 1-11-82.
BP AFI PETO	230.BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY CO	R CREMATORY	Old town, All	
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24 FUNERAL DIRECTOR	carpelli, Cumb	erland, Md.	250. DATE A	CP 8 REGISTAR 23 AG	SISTE (SIGNAME UL

-St 11 1 X The water of the water distance state and we stimeral fatigues from the land of the records med-with whom we do not relieve "ogst, w. the. don Transmity Burney Landing 100 % of bully - 18-11-1 Day of many ... Tenneisco neignes, ... . or, burffred man, Ist issol tree. Bernel order dental state of the term of the state . Compails, Ounborland, Mar.

The state of the significant conditions contributing to death but not related to the terminal disease of condition given in Part 1 (a).  Part to be the was cause (a)	1
I. DECEASED NAME   TYPE OF PRINT     J.   J.   J.   J.   J.     J.   J.	1
Type or print	
Female White Nov.27, 1973 8 yrs.    Total County	26. HOUR
The distribution   The citizen of what country?   The citizen of what country of death   The citizen of what country?   The citizen of what country of death   The citizen of what country?   The citizen of what country of death   The citizen of country of country of death   The citizen of country of country of death   The citizen of citizen of country of death   The citizen of country of death   The citizen of citizen	Zu. FIOOK
Maryland  USA  Widowed Divorced Divorce	29.00%
18. CITY OR TOWN OF DEATH Old town Old	
Oldtown  Old	MD.
136. CITY OR TOWN Old town   136. INSIDE (ITY LIMITS?   136. STREET ADDRESS   136. STR	STRY
Charles E.Miller, Jr.  Louella J. Breighner    Mr. John R. Richard, Wiley Ford, W.   Mr. John R. Richard, Wiley Ford, W.	
WAS DECEASED EVER IN U.S. ARMED FORCES?  IN INFORMANT  IN I	
WAS DECEASED EVER IN U.S. ARMED FORCES?  [YES, NO, OR UNKNOWN]   IF YES, GIVE WAR OR DATES]  NO. John R. Richard, Wiley Ford, W.	
THE CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause lost.  (c)  PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a).	
18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	Va.
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a).	SET AND DEATH
196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20 AUTOP:  YES   216. EXTERNAL CAUSE WAS  216. TIME OF INJURY  HOLD AM MONTH DAY YEAR  216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)	Υ?
YES COUNTY 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART LOR PART 2).	NO 🗆
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20 AUTOPS  YES   216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  216. INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  YES   217. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  YES   218. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING OR STREET, FACTORY, FARM, ETC.)  219. DATE OF OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR STREET, FACTORY, FARM, ETC.)  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR STREET, FACTORY, FARM, ETC.)  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR STREET, FACTORY, FARM, ETC.)  211. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUT	
21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK  22d. Leerlify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my apinian	STATE
22a   Certify that   taak charge of the remains described abave, held an Autopsy   , Inspection   X, Inquiry   X, and in my apinian death resulted fram: Natural causes   , Accident   X, Suicide   , Hamicide   , Undetermined manner   , TITLE (SPECIFY)   MEDICAL EXAMINER   SIGNED   , ADDRESS   Sacred   Heart   Hospital, Cumberl   Cumber	-82 and, Md
236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY 236 LOCATION	.,,,,,,
BP Burial Jan. 13,1981 Oldtown Cemetery Coldtown, Allegany, Md.	STATE
DHMH-17 (VR A15 ME (5)) 15M 2/80  24. FUNERAL DIRECTOR James F. Scarpetsli, Cumberland, Md.  25. AN RECIDENCE BY REGISTRAR TO REGISTRAR	

38 11 1 × 33 11 14 # 1758 U. J. section of the sectio France Committee Continue to the Continue Contin translated translation translation business. Committee C. L. all noon Tourist States, -x. of. John .. lehend, ther lend, . . va. Theread Burns Courses He R. of broke Buryase with appropria trover less, that to therefore, X X X Transment legen Deputy 1-11-82 TOTAL SOLITOR TO SERVER negretarian forter in the trans antiel of wan. I. 1 I. Dictor Crostage Claims Claims Allerent, 18. therein a conception, metasteet, out the teachers and

	1-	FOR STATE REGISTRAR	MI	DEPARTMENT O	F HEALTH	MARYLAND I AND MENTAL HY CERTIFICATE OI	PREATU	0 0	5 3	
	-	CEASED NAME FIRST EOR PRINTING MARY Flore		WIDDLE	Monal	LAST	20. DATE KNOV OF ESTI DEATH MATE	-	DAY YEAR 25 HO	NW
-	I. SE	emale White	5. DATE OF BIRTH	1891 90	YEARS IF UN HDAY) MONT YRS.			January	DAY YEAR 2d. HO	30 30
5	FC N	RTHPLACE (STATE OR REIGN COUNTRY)  aryland	U.S.		WIDOW		All	egany	Y OF DEATH	MD.
0	M	TY OR TOWN OF DEATH  T. Savage  L RESIDENCE (IF IN MURSING HOME O	Main	SPITAL, NURSING HOP FACILITY, GIVE STREET ADDRESS Street Bo	x 462		120. USUAL OCCUPATION FOR MOST OF WORKING LIF HOUSEWI	FE)	OR INDUSTRY  NO HOME	
5	130. S	TATE 13b. COUNT	egany	13c. CITY OR TOWN Mt. Sav	1		13e. STREET ADDRESS Main St	., Box	462	
)		William  /AS DECEASED EVER IN U.S. ARA	MIDDLE E	Law 16b. SOCIAL SECUR	NITY NO	15. MOTHER'S MAIDEN LAUPA  17. INFORMANT	J. MIDDLE	Mor	gan	
1	(Y	NO (IF YES, GIVE V NO CAUSE OF DEATH (Enter an)	VAR OR DATES)	214-07-44			m Britt,		ash Valle;  Md.  Approximate interval	
DO 1910	NO	Canditions, it any, which gave rise to immediate cause (a) stating the <u>underlying</u> cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS C	(b) DUE TO, O	R AS A CONSEQUENCE	S C C	Ceratie	Hearl Des	elasl		
2	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH OP	ERATION W	'AS PERFORMED?			20 AUTOPSY? YES NO	0
3		210 EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF D	EATH P.	M. MONTH DAY YE.	AR 21c. HO	OW INJURY OCCURRED	ENTER NATURE OF INJURY IN I	ITEM 18 PART 1 OR PART		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET FA	OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION	CITY OR TOWN	coul	NTY STAT	E
3		ACTUAL SIGNATURE	al causes X, Culas	Accident ,	Suicide [	Hamicide	Undetermined manner	and in my api	1-7-82 Md.	
BALTI	23a. Bl	(TYPE OR PRINT) Nich		23c. NAME OF C		ADDRESSECTED	Heart Ho	Sp., Cu	umberland,	=
)	24 FU	Burial UNERAL DIRECTOR NAME Durst Fune	ADDRES	is	1310)		La Vale. CCD. BY REGISTRAR 256 1 8 1982	Allega	ny, Md.	

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STATE OF MARYLAND

1	- STATE REGISTRAR			DEI ARTH		ICATE OF DEATH	REG. N	0		
	CEASED NAME E OR PRINT)	PETE		ICHAEL		RRIS	20. DATE OF DEATH  JANUARY	MONTH (	1982	3:40F
SE	Male		White		5. DATE C	23, 1902 AR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	RTHPLACE (STATE OR COUNTRY)  Maryland		USA		WIDOWE		9 BALTIMORE CITY O	R COUNTY	OF DEATH	M
	CUMBERLA	ND	MEMO	RIAL HO	SPIT	AL	120 USUAL OCCUPATI (Type of work for most of Retired		126 KIND O INDUSTRY Railr	oad
30. : Ma	AL RESIDENCE (IF NUR STATE Aryland	13b COUNT Alle	Y	Cumberla	V _		Route 3,	Box 5	510,Val	ley Roa
FA	ATHER'S NAME FIRST Amb:	rose M	orris	LAST		Sarah T.			LAS	T
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	70 5-09-90		Mrs. Edna M	dorris, Cum		nd, Md.W:	ife
	PART I. DEATH V  Canditians, if ony gave rise ta im cause (o), stotiunderlying cause	VAS CAUSED IMMEDIATE  , which mediate mediate the last.	BY: CAUSE (a)  DUE TO, OF  (b)  DUE TO, OF  (c)	CONSEQUE	NCE OF	Myounds of di	al las	archi	BETWEEN	MATE INTERVAL PNSET AND DEATH
NO.	Ano	RIC	en	celant	-Sh	NOT RELATED TO THE TERMI				
KIIFICA	19 DATE OF OPERA				OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES	OF DEATH?
MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MEDI  21d. INJURY OCCUR  WHILE  AT WORK  AT WORK	CAUSE OF DEATH	P.A 21e PLACE C	A. MONTH DA	19	211. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR		COUNTY	STATE
	AT WC	N.B.								

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22a.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased olive on 37h SIGNATURE

FOR

DEGREE

ATTENDING

MEDICAL STAFF
DIRECTOR PHYSICIAN

22r. DATE SIGNED 2-1-1982

22d. PHYSICIAN'S NAME

22e ADDRESS

MED. HOSPITAL

DR. MOTI KOUL

CUMBERLAND 23( NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Cumberland Sunset Memorial Park

MARYLAND

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial BP. 24. FUNERAL DIRECTOR

MPORTANT

James F. Scarpelli, Cumberland, Md.

Feb. 1,1982

23b. DATE

DHMH - 16 50M 1/81 (VRA 15, 4)

A JAHUARY 28 1982 SHAN	21/10/	LIAMARIN	THE PARTY OF	
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8801-1-5			JOM	
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DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

STATE

STATE

22c DATE SIGNED

Alllegany

FOR - STATE REGISTRAR REG. NO LAST I. DECEASED NAME 20 DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) MOYER WILLIAM 1046 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 98 WHITE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED STATES WIDOWEDE ALLEGANY COUNTY 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MEMORIAL HOSPITAL SELF EMPLOYED DANCE INSTRU ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ALLEGANY **CUMBERLAND** 232 GLENN STREET YES X 15. MOTHER'S MAIDEN NAME Charles E. Moyer FIRST Mary Etta Kyle 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 214-28-7124 Mrs. Jo Ann Appel, Cumberland, Md. Niece 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF CHF DUE TO, OR AS A CONSEQUENCE OF ASCUD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21b. TIME OF INJURY

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M

21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY 220.1 certify that (1) (this haspital) attended the deceased from

20

DEGREE

Hillcrest Burial Park

ATTENDING

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

PHYSICIAN - DIRECTOR PHYSICIAN 955 Frederick St., Cumberland, Md.

MEDICAL

23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION 23b. DATE

24. FUNERAL DIRECTOR James F. Scarpelli. Cumberland. Md

Jan.9,1982

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

Cumberland

week all brainfall large man of 20 . No , bnefreden , . . . to braker . Faoriginal english hit . Transfell - handredow - was Inter thought 30012 had gazule dares . seerpoliti, unaberland, ld-

	1-	FOR STATE REGISTRAR		DEP		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG.	NO.	0 0	
		CEASED NAME OR PRINT)	FIRST	MIDDLE		LENTAV	20. DATE OF DEATH		DAY YEAR	26. HOUR
	2 05					LENAX	JANUARY			5:2
	3. SE			RACE White		OF BIRTH . 24 1906	6 AGE (IN YEARS LAST )	BIRTHDAY)	MONTHS DAYS	HOURS
-		Female RTHPLACE (STATE OR FE		MILTE b. CITIZEN OF WHAT COUN		24, 1906	75	YRS		
21	Je.	st Virgir	OKEIGN /	USA	MARRI	ED NEVER MARRIED	9 BALTIMORE CITY		OFDEATH	
_		TY OR TOWN OF DEA		NAME OF HOSPITAL, NI	WIDOW		Alleg		12b. KIND (	OF BLICINIE
50	С	UMBERLAND		"MEMORTAL"	THOSP'I	TAL	Governme		tired	Post
	13a. S	AL RESIDENCE (IF NURSI TATE aryland	NG HOME OR OR OR 136. COUNT Alle	Y 1130 CITY OR		13d INSIDE CITY LIMITS? YES NO	13e. SIREET ADDRESS	Box	191	
10	4 FA	THER'S NAME	M	IDDLE LAS	T	15 MOTHER'S MAIDEN N	AME			
		Lafayet	te .	A. Cai	der	Mary	Susan		Sand	lers
1		AS DECEASED EVER I	N U.S. ARM	WAR OR DATEST	SECURITY NO.	17. INFORMANT	· ADD		1 7 5 5 6	
		ES, NO OR UNKNOWN)	,	417-32	2-6203	Lester Mu.	llenax,01	dtown	, Md.	
Ī		18. CAUSE OF DEATH	Enter only	one couse per line for (o), (I	ol, and (cl.)				APPROX BETWEEN	MATE INTER
			IMMEDIATE		dupe	emmay or	est		in	medi
		4390		DUETO OR AS A CONS	EQUENCE OF		period of the			
		Conditions, if ony,	which	DUE TO, OR AS A CONS	-SCVI					
	17	gove rise to imm	ediote	(0)						
		cause (a), stating		DUE TO, OR AS A CONS						
		DARK D. OTHER SIGN	IEIGANIX DO		Lysch					
	ON	Che An			NO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CO	ndition giv	EN IN PART 1	0
0	CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDITION FOR W	HICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S, WERE FINDI	NGS USER
7	E						YES NO		S []	NO [
0	GR	21a. ACCIDENT WAS UND		21b. TIME OF INJURY	DAV VEAC	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 F	PART 1 OR PART 2)	
	AL	OR CONTRIBUTING C.		HOUR A.M. MONTH	DAY YEAR					
7	MEDICAL	21d. INJURY OCCURR		21e. PLACE OF INJURY		211 LOCATION				
	ž	WHILE NOT WHI	LE 🔲	(AT HOME, STREET, FACTORY, OI	FICE, FARM, ETC )	STREET	CITY OR	OWN	COUNTY	S
				I) attended the deceased fi	rom	1F - 1085	- to / -	21	10 82	thos (1)
F						nd that in (my) (our) opinion	death accurred on the	date and hou	or and from the	couses str
		obove,(I) (Ive) (di 226. SIGNATURE	d) (did not)	wiew the body ofter death.		DEGREE				SIGNED
	1	/	on	allen	2	ATTENDING	MEDICAL ST	AFF	01	0. 6
-	Щ	22d. PHYSICIAN'S NA	ME TYPE OR	DPIN(T)	15	PHYSICIAN 1	DIRECTOR PHYS	ICIAN [	00	10-
1					2 10		FREDERIC	V CTD	CCT	
				J. BOLLING	J, UR.	333	FREDERIC	KSIR	EEI	
1	23e. B	URIAL, CREMATION, F		23b. DATE	23t. NAME OF	CEMETERY OR CREMETORY	BERLANION	MARYL	AND 2	1502
		Burial		Jan. 24, 198	2Sunse	t Memorial	Pl Cumber	Land	A1100	2777
7	24 FL	INERAL DIRECTOR				175m D.A	TE REC'D. BY REGISTRA	R 256. REGIS	RAR'S SIGNAT	CKE Y
		William	G. K:	ight, Cumbe	rland	Md. 14	N 26 1082	Trance	Van	Than
F	_					T OF	1302	CARL VA	0	100

STATE OF MARYLAND

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8	11-	FOR STATE REGISTRAR		DEPARTMENT OF DICAL EXAMIN			200. 00.00	REG. NO.	0 0 6 2
(RA)	1. DE	CEASED NAME FIRST Leonard	d	Joseph	Mwr	phy	20. DATE KN OF E DEATH M	IOWN XX MONTH	19, 1982 11:50
\$2000 \$2000		ale White	Sept. 20	, 1910 71 Y	ARS IF UNDER AY) MONTHS RS.	R 1 YR. IF UNDER	MIN PRONOUNCE DE AD	Jan. 1	17
NECESSA FUNERALI S FOR Y WITHIN	FO	RTHPLACE (STATE OR REIGN COUNTRY) Maryland	76. CITIZEN OF WE	A.	WIDOWED		ED A	llegany	MD.
DELAY IS TO THE PEFILED SS 301 V	C	ty or town of death	Memor	PITAL, NURSING HOMICALITY (NELT HOS PITC	il	INSTITUTION	FOR MOST OF WORKIN Chemist,		126. KIND OF BUSINESS OR INDUSTRY Celanese Corp
21201 IF ANY IF AND 3 SHOULD SHOULD I RECORD	130. S	LRESIDENCE (IF IN NURSING HOME OF TATE 13b. COUNT ALLEG	Y	13c. CITY OR TOWN Cumberland	1, 136	INSIDE CITY LIMITS?			
RE, MD.		John	MIDDLE R.	Murphy		Stella Informant	Mari		Rowan umberland. Md.
ALTIMO ES AFTER GIVE PA ITH FOR MISION	100. V	AS DECEASED EVER IN U.S. ARN S.NO. OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	214-07-51					Gephart Dr.
301 W. PRESTON ST., B CUTED WITHIN 24 HOUF IN PENCIL IN ITEM 18. EXAMINER ALONG W RIAL-TRANSII PERMIT. I D MENTAL HYGIENE, D , OR REMOVAL.		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT Canditions, if any, which gave rise to immediate cause (a) stoting the underlying cause lost.	E CAUSE (a)  DUE TO, OR  (b)	for (a), (b), and (c),)  AS A CONSEQUENCE  AS A CONSEQUENCE	OF	iosclero:	tic Heart 1	isease,	BETWEEN ONSET AND DEATH  Sudden
CORDS,  BE EXECTED ING.  MEDICAL  AS A BL  ALTH AN  EMATION	NOIL	PART 2 DTHER SIGNIFICANT CONDITIONS C					RT ? (a).		
SHOULT SHOULT ORD "PE CHIEF BE USED TO FHE	CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH OPE					20. AUTOPSY?  YES NOXX
SION OF VITE OF THE WATTHEN THE WATTHEN OR TO BUILD IN THE PARTMEN	MEDICAL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	P.M	MONTH DAY YEA			D (ENTER NATURE OF INJUR'	FIN ITEM 18 PART 1 OR P	ART 2)
DIVE THIS CEI WARDED PAGE 3 TATE DE	WEI	WHILE NOT WHILE AT WORK	STREET FACT	TORY, FARM, ETC.)	STREE	T .	CITY OR TOWN		OUNTY STATE
MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNERAL DIRECTOR: ER DEATH, WITH THE S TIMORE, MARYLAND, 2		ACTUAL SIGNATURE	ol couses XXX	Accident . Si	M.DA	Hamicide TITLE (SPECIFY) SSIST DE	Undetermined mann	DATE SIGN	1/19/82
BP————————————————————————————————————	24. F	URIAL CREMATION, REMOVAL 2: Burial UNERAL DIRECTOR	1/22/82	23c. NAME OF CE Suns et	METERY OR C Memor 2150	ial Park	23d. LOCATION CITY OR TOWN	und, Alle	gany Maryland
(VR A15 ME (5)) 15M 7/76	H.	Wayne George 20	12 Greene	St. Cumber	iland,	Na.		-82	

STATE OF MARYLAND

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(TY	PE OR PRINT)	Jo	hn	Ed	lward	6	Nicol	OF	E KNOWN ESTI-	MONTH 0 1/17	7 82
3. SE	x Male	4. RACE Whi		THE OF BIRTH	1906 75°	THDAY) MON	NDER 1 YR. IF UNDER	24 HRS. 2c. DA		MONTH 1/18/8	DAY YEAR
7a. B	OREIGN COUNTRY)	STATE OR	7b.	U.S.	A .	To.	RIED NEVER MARR	IED X	Allega	OR COUNTY	
	Lonace	ning		(IF NOT IN SUCH FA	CHAPTES	town	Street	12a. USUAL OCC		PE OF WORK 12	26. KIND OF BUSI OR INDUSTRY
13a. S	Md.	(IF IN NURSIN	APUNE OR OTH	er institution, GI	13 LOYA CO	hing	13d. INSIDE CITY LIMITS	130 SCHAP	1 <del>2</del> stow	vn Str	reet
	ATHER'S NAM FIRST Jame	25		DDLE	Nicol		15. MOTHER'S MAIDE FIRST Ida	EN NAME	MIDDLE		rimney
160. \	WAS DECEASE (ES, NO, OR UNKNO	OWN) (IF	U.S. ARMED YES, GIVE WAR C		16b. SOCIAL SECU	RITY NO.	Huber	t Nicel	Lonac		g, Md.
		<ul> <li>stating the use last.</li> </ul>	e <u>under</u> -	DUE TO, OR	AS A CONSEQUENC			COLD TE			
FICATION	lying ca	use last.	ONOITIONS CONTR	(c)		CE OF	SE OR CONDITION GIVEN IN PA				20. AUTOPSY?
MEDICAL CERTIFICATION	lying ca  PART 2 OTHER S  19a. DATE OF	F OPERATION  AL CAUSE  G OR  ING CAI	ONOITIONS CONTR	19b. CONDIT	FINJURY  TON TON THE TONE TO THE TO THE TO THE TO THE TO THE TO THE TONE  TONE TO THE TONE  TONE TO THE TONE  TO THE TONE	ERMINAL DISEA  PERATION V  EAR 21c H  21c H  21c H	SE OR CONDITION GIVEN IN PA  WAS PERFORMED?  HOW INJURY OCCURRE  Exposure  DOCATION	RT 1 (a),	in Jury In ITEM 18		YES C

The White title/1906 75 deside nyblestell w landoo not ynegelle be I Habert Micol Landconius, No. SHOT \$200 Y. SHORNEY OF REVISED A uriel 1/29/1962 One all Demetery Londoning a. Md. Total contour smearel ; Jome Lone conting, 1:d.

4	1,	FOR STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENT	AL HYGIENE 8 2	00064
		REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEAT	REG. NO.	ITH DAY YEAR 75 HOUR
(A) 11	(TYPE	OR PRINT) MARGA	RET MABEL	NORRIS	1	26. HOUR AN
	3. SE	FAMALE	4 RACE WHITE	0.0	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
A Series	7a BI	RTHPLACE (STATE OR FOREIGN DUNTRY)  Maryland	76 CITIZEN OF WHAT COUN		9. BALTIMORE CITY OR CO	
s of the soft	CI	TY OR TOWN OF DEATH	Memorial Hos	URSING HOME OR OTHER INSTITUTE STREET ADDRESS) Dital — D.O.A.		12b. KIND OF BUSINESS OF RKING LIFE) INDUSTRY
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be file	130 5	MD Alle	or other institution, give residence UNTY 13c. CITY OR Flint	TOWN 134 INSIDE CITY LIV	MITS? 13e. STREC	
		THER'S NAME FIRST  Julius		nkman Cla	<b>ra</b>	Hartley
BALLIMORE, inte be execut ysicion and coppers. Pages I vol. it, the medical	0	VAS DECEASED EVER IN U.S. A res, no or unknown) (if yes, g	IVE WAR OR DATES)	SECURITY NO. 17 INFORMANT OF Adolph E		Rt #2- Balt Pike Cumberland, Md  APPROXIMATE INTERVAL BET WEEN ONSET AND DETATH
RDS, 201 W. PRESTON ST., BAI equires that the death certificate in signed by the attending physici Then please remove carbon paper to burial, cremotion, or removal. injury, or other traumatic event, th	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONS  (b) H 4 PE  DUE TO, OR AS A CONS  (c)  T CONDITIONS CONTRIBUTING	EQUENCE OF AS	HE TERMINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)
TAL RECORDS, The low requir cion. The low sugar ist permit Then giene prior to b shows any injury	CERTIFICATION	196. DATE OF OPERATION		HICH OPERATION WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
CIAN: I physical properties of the physical phys	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	P.M. HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2)
VISIO G PH orther ond ked c	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)  2) F. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI pital or TTOR: A for use of Heal		sow the deceased alive a above, (l) (we) (did) (did)	pitol) attended the deceased from	19, and that in (my) (our)	opinion death occurred on the date o	
TO HOSPITAL OR A retained by the has TO FUNERAL DIRECTOR Should be detached with the State Dept.		226. SIGNATURE  ROWN  226. PHYSICIAN'S NAME (TYPE  Tohn C.	Standburg Stand bur	DEGREE  ATTENI PHYSIC  220. ADDRESS  M. A. M. M.	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	22C DATE SIGNED
	23a. B	URIAL, CREMATION, REMOVA		23¢ NAME OF CEMETERY OR CREMA	CITY OR TOWN	COUNTY STATE
BP DHMH - 16 50M 1/76 (VR A 15 (4))		Rurial UNERAL DIRECTOR NAME COX-Merritt Fu	ADDRES	Piney Plains Ceme , 404 Decatur St Cumberland, Md		ns Allegany Maryl

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1.	FOR STATE REGISTRAR							NTAL HYGI	othe made	,	1 0	00	3
1. D	ECEASED NAME	FIRST		MIDDLE		1	AST	7412 01 0		REG. NO	O. MONTH	DAY YEAR	2b. HOUR
{T	YPE OR PRINT)	THOM	AS I			01	ROURI	V Tr	OF	ESTI- MATED		/21/82	2 1100
3. SE	X	4. RACE	5. DATE OF BIRTH	TO IL LINE	6. AGE (IN YE			IF UNDER 24 H		MAILU AL	MONTH	DAY_ YEA	2 M
M	ALE	WHITE	10/15/	/19	62 YE	MONTHS		HOURS MIN	PRONOUN	CED O	1/21	/82	TTFO
70.1	BIRTHPLACE (ST		76. CITIZEN OF W	HAT COUN		8	1. 1		9 BALTIMO	ORE CITY O	OR COUNT	Y OF DEATH	al am
5 V	ARYTAN		II S A			WIDOWE		ER MARRIED [		LLEG	_		
10.0	ITY OR TOWN		11. NAME OF HOS				2)	ION 120.	USUAL OCCUP	ATION (TYP		12h KIND OF I	
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USU		IF IN NURSING HOME OF	ROTHER INSTITUTION, GI	IVE RESIDENCE		(NC	13d. INSIDE CIT		STREET ADDRES			I HILL	7 7777
OM.	ARYLANI				STBUR		YES X	-	99 MT.		ASAN	T ST.	
14. F	ATHER'S NAME		MIDDLE		LAST		15. MOTHER	S MAIDEN NA	ME	DDLE		LAST	
0	JOSEPH	I	I.		OURKE			TILDA	M.V.	- VIII	M	ARLEY	
160.		EVER IN U.S. ARM	AED FORCES?		IAL SECURIT		17. INFORM		ST.,FR	CSTB		MD.	
	YES	WW	II		-05-50	15	THOM.		O'ROUR			. PLE	ASANT
	18. CAUSE OF	F DEATH (Enter only	y one couse per line	for (a), (b)								APPROXIMA BETWEEN ON	ATE INTERVAL
	TARTIDE.		E CAUSE (a)		- "		ial	Infarc	tion				
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MM 70. I. S.	gave ris	s, if ony, which e to immediate	(0)-				10 H	eart D	isease		100		
	lying caus	stating the <u>under-</u> se last.	DUE TO, OR	AS A CON	ISEQUENCE (	)F							
	BARY & GYARA CO	ADDITION OF THE PARTY OF THE PA	(c)										
Z	PART Z DINER SIG	INIFICANT CONDITIONS C	UNTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART 1 10					
CERTIFICATION	190. DATE OF	OPERATION	19h CONDI	TION FOR	WHICH OPER	ATION WA	AS PERFORM	AED?			-	20 AUTOPS	Y?
Z H												YES 🗀	NOXIX
3 8		L CAUSE WAS	21b. TIME OF				W INJURY C	OCCURRED IEN	TER NATURE OF INJU	RY IN ITEM 18 I	PART 1 OR PAR		1404 4757
	UNDERLYING	OR G CAUSE OF D	HOUR A.M		DAY YEAR								
MEDICAL	21d INJURY O	CCURRED	21e PLACE	OF INJURY	(AT HOME,	21f LOC				-			
2	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ET	rc.)	STE	REET		CITY OR TOW	N	COU	YTM	STATE
	22g   certif	y that I took charge	af the remains des	cribed aha	ve. held an	Autapsy	, [].	Inspection	, Inquiry	X an	id in my ap	inion	
	death resulte		al causes XX	Accident		cide .	Homicia		determined mor		ы ппу ар	mon	
MEDICAL CERTIFICAL			111	1		. 1	TITLE (SPI		-cremmed mor			2 102 10	20
	ACTUAL SIGNATURE_	to OVO	W	COA	rough	OK M.	Dep		NEDICAL EXAMI	NER	DATE	1/21/8	25
2		V			1	7	1.15						V-1-
4	EXAMINER'S I	Giot	yanni Ma	stra	ngelo	M.D	DORESS_	900 Se	ton Dr	ive,	Cumb	erland	Md.
230.1	BURIAL, CREMAT	ION, REMOVAL 23	b. DATE	23c. N	NAME OF CEA	AETERY OR	CREMATOR	RY 23d	LOCATION		COUN	ITΥ	STATE
	BURIA		1/23/82	S	-	CHAE		CEM. F	ROSTRI	IRC.	ALLE	GANY	MD.
74	UNERAL PIRES	ustoy 1/1/		0 W.			22		BY REGISTRAR	756. REG1	STRAR'S S	IGNATURE?	
S	OWERS	FUNERAL	HOME	FROS	TBUR	1		JAN 2	6 1982	dance	60 16	an That	Ser-

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STATE OF MARYLAND

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A. CH. PERSTENDING AND			

KEYSER, W. VA. 26726

(VRA 15, 4)

ROTRUCK FUNERAL HOME

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	1.	FOR STATE REGISTRAR			DE	PARTMENT O	ATE OF MARYLAND FHEALTH AND MENT FIFICATE OF DEAT		NE 8 2	0	0 0	6 3
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ge 4 mc ector rs of		emale		White			E OF BIRTH 22, 041 1897		AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN
deoth. Po	Al	IRTHPLACE (STATE ORFOR COUNTRY)	nty	LSA	WHAT COU	MAR	RIED NEVER MARRIE	ED 🔲	BALTIMORE CITY O		OF DEATH	MD
by the fullified with	C	ITY OR TOWN OF DEAT		MEMOR	AL HO	SPITAL	E OR OTHER INSTITUTION		USUAL OCCUPAT TYPE OF WORK FOR MOST OF Housewife	ION OF WORKING LIFE OF	126 KIND C INDUSTRY Own I	of Business or Home
filled in hould be in hould be in hould be in	13o	aryland	Alle	TY	13c. CITY O		13d INSIDE CITY LIA YES NO [		street address 421 Penns	sylvani	la Ave	
completely 1 and 2 s	14. F/	ATHER'S NAME FIRST	Edga	r Hite	LA:	ST	15 MOTHER'S MAID	a R.	Brashears		LAS	Té
n and Pages		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARM (IF YES, GIVE \	MED FORCES? WAR OR GATES)		1 SECURITY NO 24-0143	. III II OKWANI		ADDRE W. Winters			1
ritificate by physicia an papers. emaval		18. CAUSE OF DEATH PART I. DEATH WA		y ane cause per BY. CAUSE (a)	line for (a),	(b), and (c).	CVAL				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
that the death ce d by the attending lease remove carb ial, cremation, or r		Canditions, if ony,	which	DUE TO, O		SEQUENCE OI	lenges -				yes	<u> </u>
that the d by the lease remind, cremind, cremind, cremind, cremind or other t		cause (a), stating underlying cause	last	(c)		SEOUENCE OI						
equires n signe Then p r to bur injury.	NOI	ASCUD	įî	) /1 !	0 13.	5	UT NOT RELATED TO TH		al disease or con	DITION GIVE	N IN PART 1	0
AN. The low rhysicion. Icote has bee rransit permit Hygiene prio	CERTIFICATION	190. DATE OF OPERATI	ON	196. COND	ITION FOR V	VHICH OPERAT	ION WAS PERFORMED		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH? NO []
PHYSICIAN: Tending physic ending physic this certificate te burial-trans ad Mental Hyg d or Item 18 sh		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEAT		FINJURY M. MONT M.	H DAY YEA	R	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT   OR PART 2)	
	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK		218 PLACE (AT HOME, ST	OF INJURY REET, FACTORY, (	OFFICE, FARM, ETC.	21f. LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE
TTEN pital TOR for u		220.1 certify that (1) saw the deceased above.(1) (we) (di					and that in (my) (aur) o	<i>چ</i> ر opinion dec	th accurred an the d			that (1) (we) last causes stated
ALOR A. OR A. OR A. OR A. DIREC detached ate Dept.		22b. SIGNATURE	Bull	eni		2	DEGREE ATTEND	DING CIAN	MEDICAL STA	FF CIAN []	137	SIGNED
TO HOSPITAL OI retained by the TO FUNERAL DI should be detach with the State De IMPORTANT: If It		DR. ANTHO			NO, JE	2	22e ADDRESS 9	55 FR	EDERICK ST LAND, MD.	TREET	502	
Bb———	230. (	BURIAL, CREMATION, R SPECIFY) Burial	EMOVAL	23b. DATE Jan.15	,1982		Memorial C	em.	23d LOCATION CITY OR TOWN	and, Al	COUNTY Llegany	
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	LINIERAL DIRECTOR	F. S	carpell		mberlar	d, Md.	250 DATE R	1 8 1982		AR'S SIGNAT	

11.131 LIABBARY 13, 1982 SEACH 25 ... ... (1990) 25, 1079 (1 12) CURRENT NEWSTATE NEWSTATE NOOFLY Ave against Quants 5 Title 1. Trustantia profession, wasteld . bacada .n. car-un-cre TEET FREDERICK STREET DR. AUTHORY J. BOLLING, JR. EURBER, AMB, 76. 21502 Vender . Destpolit, Unabathers . District .

DHMH-16 50M 1/81 (VRA 15, 4)

- S	FOR STATE	DEPA	RTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8 2	0 (	1 0	0			
	REGISTRAR				REG. N		Nico.				
TYPE OR	ASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY		26 HOUR			
	OLA	GRAEME	PHEL	.PS	JANUARY	17, 19	82	5:55			
. SEX		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BE		DER 1 YEAR	IF UNDER 24			
	Male	White	Nov	- 0	72	MONTH	HS DAYS	HOURS A			
	HPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	PY2 8		9 BALTIMORE CITY	OR COUNTY OF I	DEATH				
2. 1.	UNTRY)	USA		ED NEVER MARRIED DIVORCED							
0. CITY	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	WIDOW SING HOME		Allegan		2b. KIND OF	RUSINESS			
	MBERLAND	"MEMOR"I AL	HOSP I	TAL	Retired	DE WORKING LIFE) IN	S.Gc	ov.			
30. STA	ATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BENTY 13c. CITY OR T	OWN	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Soc	ial S	Secur			
Mar	vland Al		erland	YES 🔀 NO	212 Vall						
4 FATH	HER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME						
	Malcolm			Nancy C	ash		LAST				
	S DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIALS	ECURITY NO.	17. INFORMANT	ADDR	ESS					
(YES.	, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		Mrs Irene	Phelne C.	mhonlos	A 164	a the c			
1		nly one cause per line (a), (b)		2				NATE INTERVA			
P.	ART 2. OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING	ou ou	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	V PART 1(a)	1			
CERTIFICATION 130	a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH			GS USED OF DEATH?			
2					YES NO	YES [	9-	NO 🗌			
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)				
& L	(IF EITHER, NOTIFY MEDICAL EXAMINE		19	The same of							
21	Id INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE FARM ETC \	21f. LOCATION STREET	CITY OR TO	WN C	COUNTY	STATI			
< V AT	WHILE NOT WHILE I	THE TOTAL STREET, FACTORY, OFFI	CE FARM, EIC J				0	3.41			
22	220.1 certify that (1/4 (this haspital) attended the deceased from 19 - 30 - 19 8 1 to 17 19 8 2 that (1/4 we) la										
	saw the deceased alive on	1 1 2 1 1	82,0	nd that in (pry) (aur) apinion o	death accurred on the d	ate and hour and	from the co	auses stated			
22	2b. SIGNATURE	it) view the bady after death.	- Carrie	DEGREE			22c. DATE S				
	Sha	us Nalue		ATTENDING PHYSICIAN	MEDICAL STA	F.F.	LL DATES	.57.120			
	d. PHYSICIAN'S NAME (TYPE C			22e. ADDRESS		The state of the	77				
	DR. SHAN A.	NATHAN		MEMORIAL HO	SPITAL ME	DICAL	BUIL	DING			
3a. BUR	IAL, CREMATION, REMOVAL	23b. DATE 2	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		-				
(SPE	Burial			L 10	City or town	rland A		STATE			
FUNE	ERAL DIRECTOR	Manaco, 190P	bunse	t Memorial Pa	REZ D'BY DETUNDRAR	EN BOSINEY	200	DIV M			
	NAME	ADDRES	S	37)	1 20C	1 Server Till		With			
	James F. Sca	rpelli, Cumber	land.	Md .							

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A State of the section				
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HOPPITAL HERICAL BUTLOIN	LAT BOYLET		SHULL ALL A	

IMPORTANT: If Hem 21 is marked as Item 18 shaws any injury, as ather traumatic event, th

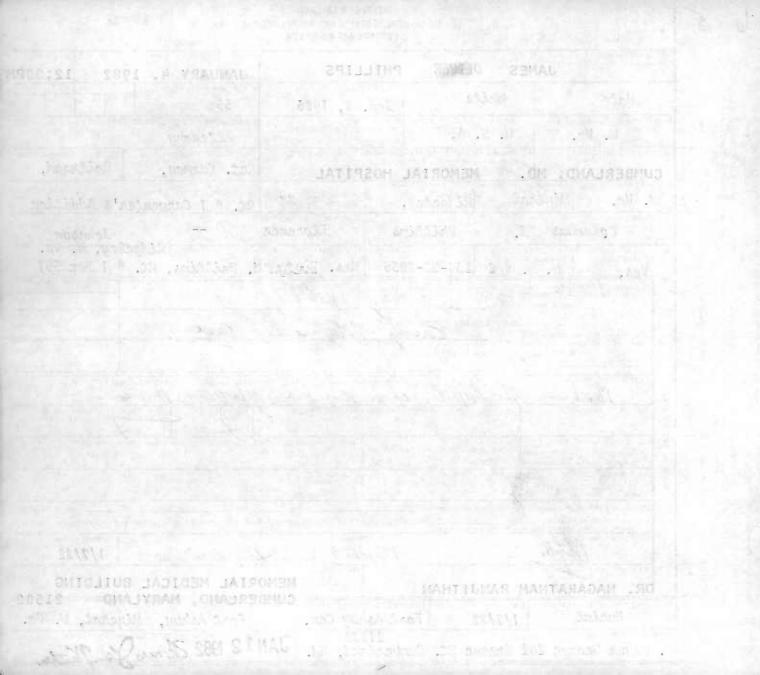
DHMH - 16 50M 1/BI (VRA 15, 4)

neral director, page 3 n 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.							
	1. DECEASED NAME FIRST (TYPE OR PRINT)  JA	MES OLIVER	PHIL	LIPS	JANUARY 4,	1982	26 HOUR 12:00 R/					
-	3 SEX Male	4 RACE White	5. DATE O	Day 95.0	6. AGE (IN YEARS LAST BIRTHDAY)  55		IF UNDER 24 HRS					
5	OUNTRY) (V. Va.	16. CITIZEN OF WHAT COUNTR	MARRIE		9. BALTIMORE CITY OR COUR Allegany	NTY OF DEATH	MD.					
0	CUMBERLAND, M		AL HOS		120 USUAL OCCUPATION HYPE OF WORKER MOST OF WORKIN Ret. Carman,	IG LIFE) 126. KIND O	road,					
>	USUAL RESIDENCE (IF NURSING HOM USON VA.	OTHER INSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION) DWN LY,	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS Rt. # 1 Carpen	iter's Ad	dition					
1	14. FATHER'S NAME FIRST OLUMBUS	Miggle Phill		FLO hence	MIDDLE	John						
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166. SOCIAL SE War or dates) 234-38-		Mrs. Evelyne	ADDRESSILLA M. Phillips, Ri	igeley, w t. # 1 Bo						
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT OF CHERATION.	DUE TO, OR AS A CONSEC (c)  CONDITIONS CONTRIBUTING TO	OVENCE OF  O DEATH BUT  Chanic	Alley distant	By per levior fre	YES, WERE FINDIN						
		HOUR A.M. MONTH	DAY YEAR	THE HOW INDURY OCCURR	ED CENTER WATERS OF PRIMER ON PERM	IN PART I CONFESSION	N. A.					
	DE CONTREMINES CAUSE OF DES	21s. PLACE OF INJURY (AT HOME STREET EXCTORS OFFICE	E PARK TIC)	211 LOCATION	Cit+ 04 howel	COUNTY	STATE					
	sow the deceased alive an abave, (I) (we) (did) #did no	220.1 certify that (1) (this haspital) attended the deceased fram										
	226. SIGNATURE	-		MEDICAL STAFF	1/7/							
	DR. NAGARATN	AM RANJITHAN		MEMO	ORIAL MEDICAL	BUILDI	NG 21502					
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		Fort As	hby Cem.	Fort Ashby,	Mineral,						
	24. FUNERAL DIRECTOR H. Wayne George 2	02 Greene St. C	21: Cumberli	502 and, Md. 25A	N 1 2 1982 Zanc	1	Wather_					



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO I. DECEASED NAME (TYPE OR PRINT) 20 Joseph Poplo DEATH MATED 1902 5. DATE OF BIRTH 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST SIRTHDAY) PRONOUNCED DEAD May 2. 1909 BIRTHPLACE (STATE OF 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania DIVORCED Allegany Co. II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Cumberland Sacred Heart Hospital Retired Celamese 136. INSIDE CITY LIMITS? 13e. STREET ADDRESS COUNTY 13c CITY OR TOWN P. O. Box 92 Wellersburg NO TO Pennsylvania 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME NA LAST LAST Joseph Popolo Mary Osage 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Mrs. Mary Cecil. 1064 National Hwy. DIVISION (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 705-10-8434 La Vale, Maryland, 21502 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY BURIAL-TRANSIT PERMIT AND MENTAL HYGIENE, ON, OR REMOVAL. CORONARY Occlusion DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which ERIOSCIEROTIC HEART DISEASE gave rise to immediate cause (a) stating the under-DUE TO OR AS A CONSEQUENCE O lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 dr. AS A I CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HEAL I PRIOR TO BURIAL, CREM 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🖸 NO Z 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 WARDED TO THE HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK EXECUTE THE CEN.
PAGE 4 SHOULD BE FUN.
TO FUNERAL DIRECTOR: PI
AFTER DEATH, WITH THE ST
BAITMORE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinion death resulted fram: Natural causes Hamicide Undetermined manner SETON PRIVE CUMBE EXAMINER'S NAME STM WG & CO ADDRESS (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Rest Lawn Nem. Gardens Buria] BP La Vale 24. FUNERAL DIRECTOR **DHMH - 17** John J. Hafer, Jr. (VR A15 ME (5)) La Vale, Md. 15M 7/76

STATE OF MARYLAND

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requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

9

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CEF	RTIFICATE OF DEATH	REG. NO.		
			O RETTA	POPLO	JANUARY 2, 198		26 HOUR 11:03 A
	3. SEX Female	4. RACE	A	Nov 4 1912	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
S	Penna	7b. CITIZEN OF		RRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH	MD.
2	Cumberland	III NAME OF (IF NOT IN SU	HOSPITAL, NURSING HO. THEACILITY, GIVE STREET ADDRESS. CRED HEART	OSPITAL	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKI Laborer	NG LIFE) INDUSTRY	OF BUSINESS OR
5	DSUAL RESIDENCE HENUR 130. STATE  Penna  14. FATHER'S NAME	COUNTY Somerset	GIVE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Wellersburg	YES NO X	13e. STREET ADDRESS P.O. Box 92		
	Garfield		Bittner	15 MOTHER'S MAIDEN N FIRST Lucy	WIDDIE	В	lank
3	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	214-07-2217		ADDRESS O	P.O. Bo Wellers	
	PART 2. OTHER SIGNIF	which diate the DUE TO lost	R AS A CONSEQUENCE OF	estery dises	ANGO DE LA PROPERTICION DE LA PO	nedita	
>	190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING TO CAU	YING 21b. TIME C	ITION FOR WHICH OPERA FINJURY M. MONTH DAY YE	21c HOW INJURY OCCU		F YES, WERE FIND ERTIFYING CAUSE YES	
	OR CONTRIBUTING CAU  (IF EITHER NOTIFY MEDICAL  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	EXAMINER) P.  21e. PLACE	M.	19 211 LOCATION	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (the saw the deceased above (1) was did 170 account.	Adid region the body Ayrim (	2 19	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAT	e signed
	23a. BURIAL, CREMATION, RE. (SPECIFY)  Burial 24 FUNERAL DIRECTOR	Jan 5	1982 Rest	DEFICIENT OF CREMATORY  Lawn Mom Garder  CATUR STREETS	23d LOCATION CITY OF TOWN  18 La Vale All	egany Mai	yland

SILCOX-MERRITT FUNERAL HOME -CUMBERLAND, MD.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicall should be detached for use as the burial-transit permit. Then please remove carbin papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed MADRIANT: If them 21 is marked or them 18 shows any injury, or other traumatic event that

SURT NO VENERAL DESCRIPTION ATTEMPTS OF STREET CEOI 4 Vol. of 100 .... office force desired the second of the secon onna Compres Mellerskure is 1.0. 2235 92 ( A 1 ( A 2 ) - 1 ( A 2 ) - 1 ( A 2 ) - 1 ( A 2 )

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8		1.	FOR STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE B 2. O	0 0 / 3
1	- 1		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	OAY YEAR 2b. HOUR
CHAR			JOSEPH	P. 1	PUFFIN	BERGER	JANUARY 31, 19	82 11:11 PM
	10	3. SE		RACE	5. DATE (	H OAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ado in	200	1 01	Male  RTHPLACE ISTATE OR FOREIGN 7	White		.31, 1906	75 YRS	
death, P	83	٧	irginia	b. CITIZEN OF WHAT COUNTRY	MARRIE		BALTIMORE CITY OR COUNTY Allegany	MD.
by the filled with	50	(	CUMBERLAND	NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE MEMORIAL HO	OSPITA		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  Retired	12b. KIND OF BUSINESS OR INDUSTRY Railroad
r 24 hour y filled in hould be	35	13a. S	AL RESIDENCE (IF NURSING HOME OR CETATE 13b. COUNT aryland Alle	TY 13c CITY OR TQ	RE ADMISSION) WN and	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e. STREET ADDRESS 25 Offutt St.	
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be executed on ond constant of the second constant of the second constant of the second constant of the second on the second of			VAS DECEASED EVER IN U. S., ARM YES, NO OR UNKNOWN) (IF YES, GIVE NO	NED FORCES?   16b. SOCIAL SEC	URITY NO.	Mrs.Laura E	. D'Angelo, Cumb	Daughter perland, Md.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death or n signed by the attendin Then please remove corb to burial, cremation, or		NO	Conditions, if ony, which gave rise to immediate couse (a), softing the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE (c)	JENCE OF	NOT RELATED TO THE TERM	bulminary del	/EN IN PART 110
he le	9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
SICIAN: Ting physicial physicial certificate unal-transitional transitional transitional transitional transitional physician 18 ships than 18	0	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH E P.M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
of the but the	5	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC )	2 If. LOCATION STREET	CITY OR TOWN	COUNTY STATE
pitol pritol pri	51 - 7		22a. I certify that (I) (this hospitor saw the deceased alive on above, (I) (we) (did) (did not)			nd that in (my) (our) apinian o	, ta, death accurred an the date and how	19, that (1) (we) last or and from the causes stated
by the hos by the hos VERAL DIREC be detached State Dept.	=	Xe	226. SIGNATURE	Schindler	1		MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 2-82
etoined by TO FUNER should be with the St			DR. RICHARD S				EENE STREET RLAND, MARYLAND	21502
BP			BURIAL, CREMATION, REMOVAL			ill Cemetery	23d. LOCATION CITY OF TOWN Cumberlands A	COUNTY STATE
OHMH - 16 50M 1/8 (VRA 15, 4)	31	24 FL	James F. Scarp	elli, Cumberlar	nd, Ma	2 3 4	READ, BY RAR BY RECONS	RAPSSIGNATURE

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	1-	FOR - STATE REGISTRAR			DEPARTI	MENT OF I	E OF MARYLAI HEALTH AND M FICATE OF DE	ENTAL HYG		, NO.	0 0	Ú	74
		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEAT	Н момтн	DAY	YEAR	2b HOUR
	1,,,,,		SEPH	W]	LLIAM	QUIN	N		JANUARY	5,	1982		5:00 AM
	3. SE	x Male		White		5. DATE O		1919	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DS	DAYS	HOURS MIN.
9	i	IRTHPLACE (STATE OR F COUNTRY)  NEW YOU	rk	76 CITIZEN OF	what country?	8. MARRIE WIDOWI	D NEVER MA		9 BALTIMORE CIT ALLEGAN	Y OR COU	NTY OF DE	ATH	MD.
2	C	umberland		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET RED HEART	HOSP		TUTION	120 USUAL OCCU TYPE OF WORK FOR MY Priest			KIND OF USTRIC	BUSINESS OR COMAN
5	13a. S	AL RESIDENCE LIF NURS STATE WV	WE COUN		134. CITY OR TOW Romney	'N	4467	NO 🗌	13e. STREET ADDRE		Street		
U	14 FA	ATHER'S NAME FIRST	^	WIDDLE	LAST		15 MOTHER'S	MAIDEN NAA IRST	AE MIDD	LE		LAST	
1	16n \A	John VAS DECEASED EVER	Jose		Quinn 166 SOCIAL SECU	DITYNIO	Ann		Maria	DRESS	Schr 299 Sc	ridt.	-
3	(7	YES NO OR UNKNOWN)		WAR OR DATES)	119-09-2		17 INFORMAN		y J. Cunn		m Ron	mey	WV
		Conditions, if ony, gove rise to imm couse (a), statinunderlying couse  PART 2 OTHER SIGN	which nediote g the last	(c)	R AS A CONSEQUE	W LOLU	NOT BELATED I	A rug	ulla of	Vat	CIVENINI	ADI 1/-	y
7	CERTIFICATION	190 DATE OF OPERAT			TION FOR WHICH				200 AUTOPSY?	20b. IF	YES, WERE	FINDING	GS USED OF DEATH?
7	MEDICAL CERTI	21a. ACCIDENT WAS UND OR CONTRIBUTING CC (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEAT	III	M. MONTH DA M.	AY YEAR 19	21c. HOW INJU		YES NO	_	YES	PART 2)	NO []
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		sow the decease above, (I) (we) (d 22b. SIGNATURE	d olive on_	1.	-4 198		nd that (my) (a		leoth occurred on th	e date and			ouses stated
		274 PHYSICIAN STA	ME ITHE OF	Sie	6	1	AT PH	TENDING TYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [		. 5	-82
	22 0	1. MICHA	EL GL	ICK)	2)	14.45	BMG-9		ON DRIVE,	CUMB	BERLAND	), M	D 21502
	230. 6	BURIAL, CREMATION,	KEMOVAL	23b. DATE	13c N	NAME OF C	EMETERY OR CR	EMAIORY	23d. LOCATION				

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 1/9/82 St. Bernadines Hollidaysburg, Blair
24 FUNERAL DIRECTOR Keith Shaffer
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	1-	FOR STATE REGISTRAR				H AND MENTAL F	E DEATH	EG. NO.	0 0 / 5
ASE OR: EES. EET,		CEASED NAME FIRST (A PAINT)	le Is. DATE OF BIRTH	THEODOSIA	Re	diuger NDER 1 YR. IF UNDER	20. DATE KNO OF ES DEATH MAT	WN A MONTH	171082600
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S FOR WITH	FO	RTHPLACE (STATE OR REIGN COUNTRY) Maryland	76. CITIZEN OF WI	Α.	WIDO	RIED DEVER MARR	IED 🔲	city <u>or</u> coul legany	NTY OF DEATH MD
BE FILED SS, 201 V	Cu	mberland,	Sacred	SPITAL, NURSING HOACILITY, GIVE STREET ADDRESS HEART HOS	pital		FOR MOST OF WORKING L HOUS EWIGE	IFF)	Own Home
SHOULD SHOULD RECORI	130. S	ryland Alle	or other institution, Gi ITY Gany	13c. CITY OR TOWN Flints to			1 -0 -0   00 000	Rd. Sta	r Rt.
\$950 In		THER'S NAME FIRST Harris	MIDDLE	Twigg		Is. MOTHER'S MAID	Mae		Koontz
WITH FORM T. PAGES 1 AI DIVISION OF	16a. W	/AS DECEASED EVER IN U.S. AR, S. NO. OR UNKNOWN) (IF YES, GIVE NO. 18 CAUSE OF DEATH (Enter on	WAR OR DATES)	166. SOCIAL SECUR	ITY NO.	8/Sgt. Ha		<sup>DDRESS</sup> Mea nger, F.	de, Md. 20755 t. George G.
MEDICAL EXAMINER ALONG WITH FORM ED AS A BURIAL - TRANSIT PERMIT PAGES 1 AN HEALTH AND MENTAL HYGIENE, DIVISION OE, IL, CREMATION, OR REMOVAL.		Conditions, if any, which gave rise to immediate couse (a) stating the underlying couse lost.  PART 2 DTHER SIGNIFICANT CONDITIONS	(b)	AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO INE TE	E OF	S Cle yot	Tic Heart	-Disea	ase
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TO THE CAULD BE ARTMENT OR TO BU	MEDICAL CERT	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M	MONTH DAY YE	AR	IOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN	I ITEM 18 PART 1 OR	PART 2)
AAAA	ME	WHILE NOT WHILE DAT WORK		TORY, FARM, ETC )		STREET	CITY OR TOWN		COUNTY STATE
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		22a. I certify that I took charged death resulted from:  ACTUAL SIGNATURE	ge of the remains des		Autor Suicide	Hamicide TIFLE (SPECIFY)	Undetermined manner	DAT	E 1-17-87
XECUTE AGE 4 S O FUNE FTER DE ALTIMO		EXAMINER'S NAME (TYPE OR PRINT)			eyes	TO DICEOU		Dr. Car	nbertand.
3P	(5	Burial	1/20/82	23c. NAME OF C	r Cem	etery,		llegan	y Haryland
DHMH - 17 (R A 15 ME (5) ) 15M 2/80	H.	NAME Wayne George 2	202 Gréene	St. Cumbe	2150 rland	A, Md. JAN	REC'D. BY REGISTRAR 15	Carry 1	SCHOOL STREET

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(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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for use as the burial-transit per of Health and Mental Hygiene

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IMPORTANT: If them 21 is

ATTENDING PHYSICIAN: The

HOSPITAL

or other

CERTIFICATION

MEDICAL

STATE OF MARYLAND

T - STATE REGISTRAR			DEPART			ND MENTAL HYC OF DEATH		G. NO.	0 0	) 0	11
1. DECEASED NAME	FIRST		WIDDLE		.AST	ALEX T.Y	20 DATE OF DEAT			YEAR	26 HOUR A
	JAMES	F	RANKLIN	R	IGGL	EMAN	JANUARY	28,	1982		1:30 M
3. SEX		4 RACE		5 DATE O		2753116	6 AGE (IN YEARS LA	ST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
Male		White	e	June	14,	1920 TEAR	61		YRS	S DAYS	HOURS MIN.
In BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA PRIE	NEV	VER MARRIED	9 BALTIMORE CI	Y OR CO	UNTY OF D	EATH	
Md.		U.S.	A .	WIDOWE		DIVORCED [	Allegan	y			MD
10. CITY OR TOWN OF			HOSPITAL, NURSING HEACHLITY GIVE STREET		OR OTHER	INSTITUTION	12a USUAL OCCU	OST OF WOR	KING LIFE) IN	DUSTRY	F BUSINESS OR
			GIVE RESIDENCE BEFOR				Farmeb	негр	er	Farm	ing
13a. STATE	131 COUN	VIY	13c. CITY OR TOW	/N		DE CITY LIMITS?	13e STREET ADDR				
W. Va.	Mine	eral	Ridgele	У	YES _		Rt 2 B	ex 3	40		
14. FATHER'S NAME FIRST Class		MIDDLE Ri	ggleman			HER'S MAIDEN NA Pirst <b>e<i>rd</i> i e</b>	ME	HE.	Mong	old	3
160 WAS DECEASED E			166. SOCIAL SECU	JRITY NO.	17 INFO	RMANT	Al	DDRESS	M 70		W. Va.
(YES, NO OR UNKNOWN	I) (IF YES, GN	E WAR OR DATES)	212 24	0409	Luc	y Riggle	eman Rt 2	Box	540	Ridg	eley,
18 CAUSE OF DI			r line for (a), (b), an		7/11/3				_	APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
PARTI. DEAT	H WAS CAUSE IMMEDIA	IE CAUSE (a)	mossen	e (P)	ulm	mary E	myli.			unin	reducite
4151	/		R AS A CONSEOU						1		

Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a

P.M.

21e. PLACE OF INJURY

1-28

190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

HOME STREET, FACTORY, OFFICE, FARM, ETC.)

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

YEAR 19

NO YES V 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

NO [

1-15 and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

CITY OR TOWN

DEGREE 22c, DATE SIGNED 12 0 ATTENDING PHYSICIAN MEDICAL STAFF

20a AUTOPSY?

Newhouse

8-2

270 ADDRESS FR COMBER

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

DR. ANTHONY J. BOLLING JR.

220.1 certify that (1)/(this haspital) attended the deceased fram

saw the deceased glive an 1-2 rabave (1) (we (did) (did not) view the bady after death

23c NAME OF CEMETERY OR CREMATORY

21f. LOCATION

23d LOCATION CITY OR TOWN

COUNTY Hardy

21502

W. Va.

24 FUNERAL DIRECTOR

Keyser, W. Va. Allen M. Rotruck

31 Jan 82

236 DATE

250. DATE REC'D. BY REGISTRAR 256 BEGISTRAR SIGNATURE

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

FUNERAL DIRECTOR: etained by the haspital

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should be detached with the State Dept.

Burial

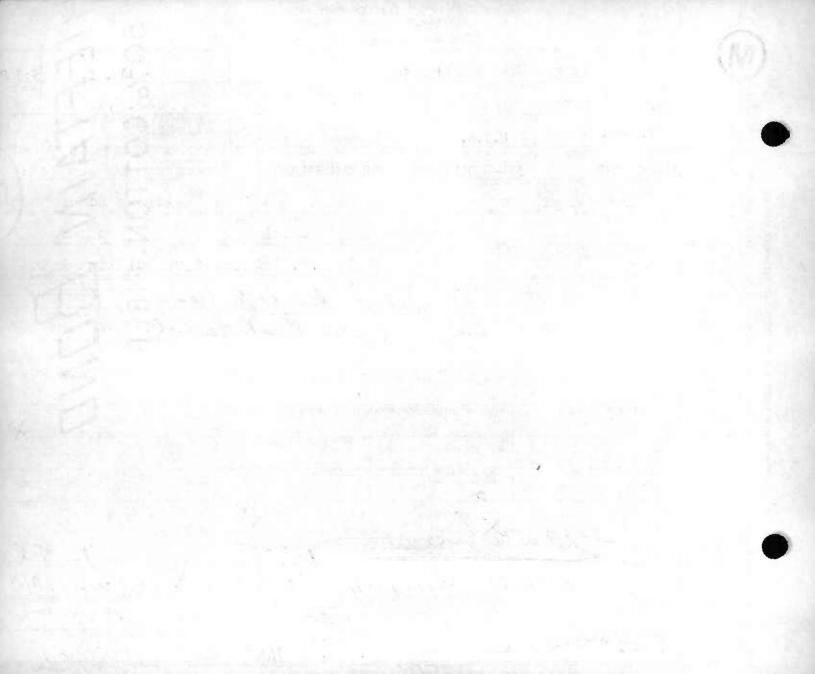
230 BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

Rig

TALES PRANKLIN SIGNLEADS JANUARY 28, 1922 1:30 CARGERIANO MARRONIAL MOSPITAL CATCHER STORY OF THE STORY OF T DR. ANTHONY J. BOYLING JR. CONSESSED, CX. STREET 21502 . av. - Demon THE RESIDENCE TO A SECOND SECO

	1-	FOR STATE REGISTRAR CEASED NAME	FIRST				ER'S C	AND MENTA ERTIFICATI		ТН	REG.				
Z <sub>i</sub>	(TYP	OR PRINT)	AGNES	MAE		GLER				20. DATE OF DEATH	ESTI- MATED	☐ JAN		, 19 82	5:38
N ST	3. SEX	ALE	WHITE		1907	6. AGE (IN YEA LAST BIRTHDA 74 YR	Y) MONITH	DER TYR. IF UN	DER 24 HRS.	PRONOU DEAL	0 1.	an.5			2d HOU
14. 45	7a. BI FO	RTHPLACE (ST	ATE OR	76 CITIZEN OF W		TRY?	8. MARRIE	D NEVER M	ARRIED	9. BALTIA Al	lega:	y or cou ny	NTY OF	DEATH	M
x 200 C	CUN	BERLAN	D		LDTOW	NE MAN	OR/CU	RINSTITUTION MBERLAND	120. USU FOR /	JALOCCU MOST OF WO Homei	PATION ( RKING LIFE)  Make:	TYPE OF WOR ${f r}$		CIND OF BUDE STORY INDUSTRICT OF BUDE STORY IN	SINESS
WITH RECORDS	USUA 130. S	RESIDENCE ( Mary]	and Al	or other institution, g vty Legany		or town berla		34. INSIDE CITY LIMIT	13; SIR	EET ADDR 24 B	ESS Old	town	Ma	nor A	Apts
11	14. FA	THER'S NAME George		MIDDLE	Da	wson		15. MOTHER'S M Sara	AIDEN NAME		MIDDLE		Boh		
1	16a. V	AS DECEASED S, NO OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	1111	-32-2		T.F.R.	inglei	c, 1	ADDRE 524B		tow	n Ap	ts
HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.	NO	PART 2 DTHER SIG	SNIFICANT CONDITIONS	(c) CONTRIBUTING TO DEATH		SEQUENCE C		DR CONDITION GIVEN	IN PART 1 to						•
URIAL,	CERTIFICATION	19a. DATE OF		19b. CONDI	TION FOR	WHICH OPER	ATION WA	S PERFORMED?					20	AUTOPSY	NO
02	MEDICAL CER	UNDERLYING CONTRIBUTION	CCURRED		MONTH	DAY YEAR	21c. HO	W INJURY OCCU	JRRED (ENTER )	NATURE OF IN	N)URY IN ITEM	18 PART 1 OR	PART 2)		
		WHILE	NOT WHILE	STREET, FAC	TORY, FARM, ET	C.)	ST	REET		CITY OR TO	OWN		COUNTY		STATE
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12	W	22a. I certif death resulte	y that I took changed from Nettuck	ge at the rempire de	Accident	ve, held on	Autops	Homicide TITLE (SPECIF)	ection	Inquiry ermined m		and in my		, <	-0.
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEA BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, C	WE	22a. I certif death resulte	y that I took changed from Net.	ge of the rangons de	Accident	ARRI	1de	Homicide TITLE (SPECIF)	Under	ermined m	anner [	ed .		I_S	7-82 AMS
2		220. I certification of the control	y that I took changed from Net.	CHO LAS	Accident Ca	ARRI	J M.	Homicide	Under	ermined m	anner C	ond in my  DAT SIG	NED /	1_ 5 bekh gan 9	7-8- 1943 18VA



STATE OF MARYLAND

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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG NO					

	REGISTRAR		CERTIF	ICATE OF DEATH	RF	G. NO.		
	1. DECEASED NAME FIRST	WIDDLE	· ·	AST	20 DATE OF DEA		DAY YEAR	26 HOUR
	WILLARD	JESSE	ROBER	TSON	JANUARY	2, 198	2	4:40A
	3 SEX Male	4 RACE White	S. DATE O	28, 1918 AR	6. AGE (IN YEARS L	AST BIRTHDAY) YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
200	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT C	MARRIE			TY OR COUN		MD.
2	Cumberland	SACRED I	L, NURSING HOME C GIVE STREET ADDRESS) HEART HOSP	OR OTHER INSTITUTION	120. USUAL OCCI (TYPE OF WORK FOR A Retired	AOST OF WORKING	Alleg	County
-	HOURSING HOME OF THE NURSING HOME OF THE COU.  Maryland Alle	VIY 136 CIT	PENCE BEFORE ADMISSION) OR TOWN Ld town	13d Inside City Limits Yes \( \text{NO} \)	? 13e STREET ADDR	ESS	Road	Dept.
	14. FATHER'S NAME FIRST HA	rry C. Rober	rtson	15. MOTHER'S MAIDEN	lorence P. MID	Wilson	LAS	3T
	160 WAS DECEASED EVER IN U.S. AF (YES NO OR UNKNOWN) (IF YES GI	(F. 1444 D. O.D. D. 4755)	0-10-2245	Mrs. Phyll:		on, Old to	own,Md.	Wife
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C  (b)  DUE TO, OR AS A C  (c)  CONDITIONS CONTRIBU	ONSPOUENCE OF	Walnu NOT RELATED TO THE TH	HOSIS To Loop ERMINAL DISEASE OR	condition G	IVEN IN PART 110	0
The same of	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN	NGS USED OF DEATH?
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MO	NTH DAY YEAR 19	21c HOW INJURY OCC	CURRED (ENTER NATURE O			STATE
	WHILE NOT WHILE AT WORK  270.1 certify that (I) (this hosp sow the decease it olive or obove. I have 1 feet) (did not 276-SIGNATURE)	1-Z-	19 <u>82</u> , or	d that in (my) (our) opini	, to	he date and ha		
	22d. PHYSICIAN SNAME LIVE OF		) =	ATTENDING PHYSICIAN		STAFF IYSICIAN 🗌	22c. DATE	SIGNED
	URIEL VELANDI	A, M.D.		924 SETON I	DRIVE, CUME	BERLAND	, MD. 2	1502
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	Jan. 4, 1982		EMETERY OR CREMATOR Ridge Cemet			, Alleg.	Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove crewith the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is marked or Item 18 shows any

DHMH - 16 50M 1/81 (VRA 15, 4)

Jan.4,1982

BY REGISTRAR 36 REGISTRAR'S STONATURE

24 FUNERAL DIRECTOR 108 VA. AVENUE SCARPELLI FUNERAL HOME CUMBERLAND, MD. 21502 organ gyara mile — magniga saris. ettan kedili — may

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ospitol or attending physician.	ECTOR. After this certificate hos been signed by the attending physicion and campletely filled in the control of for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be control to burial, remarking ar removal.
ATTENDING PHYSICIAN: The law ospitol or attending physician.	ECTOR: After this certificate has be of far use as the burial-transit permi to of Health and Mental Hygiene pri

	1	FOR - STATE REGISTRAR			DEPARTA	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	0.	0 0	8 1
		ECEASED NAME	RUTH		BONS		NHOLT Z	JANUARY		982	1100A
	3. S	Female		RACE White		MONT	of Birth rch 7, 1905	6. AGE (IN YEARS LAST BIF		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
V		BIRTHPLACE (STAT COUNTRY) Vest Virg	ginia	USA	WHAT COUNTRY?	WIDOW			legany	OF DEATH	MD
350		CUMBERL	AND	(IE HOT ME	MORTAL	HOSP	OR OTHER INSTITUTION  ITAL	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired		126. KIND O INDUSTRY Fibe	r Co.
33	130.	AL RESIDENCE (IF STATE	13b COUNT Alle	TY	13c. CITY OR TOWN Cumber	V	YES 📉 NO 🗌	13e. STREET ADDRESS 421 Arc	h Stre	et	
exomine //		ATHER'S NAME FIRST Jess Crit	es	IDDLE	LAST		Florence W	MIDDLE		LAS	JT .
e medica	1	WAS DECEASED E (YES, NO OR UNKNOWN		VED FORCES?	166 SOCIAL SECUI	RITY NO.	William E.	Shanholtz '		Texas	
ony injury, or ather traumatic ev	TION	PART 2. OTHER:	significant co	DUE TO, O  (b)  DUE TO, O  (c)  DINDITIONS CC	art #	NCE OF NCE OF	NOT RELATED TO THE TERMI		DITION GIVEN	N IN PART 10	
shows on	CERTIFICATION	190 DATE OF OP			TOWN TO	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYI YES	the same of the sa	NGS USED OF DEATH? NO
rked or Item 18 s	MEDICAL CE	(IF EITHER, NOTIFY,	CAUSE OF DEATH	P.	m, month da m.	19	216. HOW INJURY OCCURR  21f. LOCATION STREET	ED (ENTER NATURE OF INJU CITY OR TO		T 1 OR PART 2)	STATE
n 21 is mo		sow the dec	eosed alive an _ e) (did) (did not)		e deceased from	02.01	nd that in (my) (our) opinion d	eath accurred on the de	ote and hour o	ond from the c	that (I) (we) last
IMPORTANT: If the		226 SIGNATURE	iliam.	O /.	Davery	1	DEGREE  ATTENDING PHYSICIAN  122e. ADDRESS	MEDICAL STAI	FF IAN 🗆	22c. DATE S	12-82
MPORTANT			BUSTIAN	/	BARRERA		MEMORIAL I	HOSPITAL	MEDICA	AL BU	ILDING
<u> </u>		BURIAL, CREMATIC		1-14-8	32 Da	AME OF C	Memorial Cem.	Cumber1	and A	llegany	y MD1E
1/81	24 F	JAMES F.		LLI CU	MBERLAND,	MD	250 DATE	REC'D BY REGISTRAR 1 8 1982	2 FEGISTR	9 SIGNAV	Bo Clan

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tout dos	7. 150		e Englage	Megnie	
	0.000	Pararol I			meet fred ment
Triang Town	formal .	mind f f f ()			

12	FOR STAT	E			MENT OF H	EALTH		NTAL HYGIE	42	(	0 0	3 8	2
TO THE	REGI	STRAR ED NAME FIRST	М	MIDDLE	EXAMINI	R'S C	ERTIFIC	ATE OF DE		REG. N			
(IAI)	(TYPE OR P	RINT)			00		HE LOCI		OF.	ESTI-	MONTH	DAY YE	4
PLEASE ECTOR. FILES. STREET,	3. SEX	WILLIA 14. RACE	5. DATE OF BIRT	JUNI	6. AGE (IN YEAR		HE I REF	F UNDER 24 HRS		MATED [	JAN.	23 19 8	2 6:1,5 AR 2d HOUR
	Ma.		02 18	YEAR	58 YRS	MONTHS		HOURS MIN!	PRONOU	NCED	NUARY	23.108	10 110011
WITHIN 72	Ja. BIRTHP FOREIGN Peni	LACE (STATE OR COUNTRY)	76. CITIZEN OF V		NTRY?	_		ER MARRIED			OR COUNT	Y OF DEATH	
DELAY IS N TTO THE FIL N P PAGE 3 H BE FILED W. F	CU	MBERLAND		MOR I AL	HOSPIT	AL	R INSTITUTI	120. US	SUAL OCCU R MOST OF WOR Defit	PATION (TY	PE OF WORK	OR INDU	JSTRY
AND 3 PETAL SECOND SECO	Penr		or other institution, ITX If or d	134 CITY	ORTOWN		13d. INSIDE CITY Letes 🗌	Y LIMITS? 13e ST	REET, ADDRE	Box	47		
DEATH. IF DEATH. IF GES 1, 2, M PM 2, M PM 2, ANN 2 SF	Wi.		MIDDLE		Sheire	r	15 MOTHER	r's MAIDEN NAM	NE ~	AIDDLE	S	tudy	
BALTIMORE. JRS AFTER DEA! 8. GIVE PAGES WITH FORM PI T. PAGES LANK DIVISION OF	160. WAS I		MED FORCES? WAR OR DATES)		16 5	NO. 514	Mrs.		a C.	ADDRES: Sheir	2620	11	ox 47 fills
W. PRESTON ST., I WITHIN 24 HOUR: ENCIL IN ITEM 18. MINER ALONG WI MINER PRIMIT. NTAL HYGIENE, DI OR REMOVAL.	18.	CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA Conditions, if ony, which	D BY: TE CAUSE (o) DUE TO, C	Myo R AS A CO	cardial	F							AATE INTERVAL NSET AND DEATH
CORDS, 201 BE EXECUTED NDING" IN P EDICAL EXA A BURIAL- I,IT A BURIAL- I,IT AND ME REMATION, 0	PART	gave rise to immediate cause (a) stating the <u>underlying cause last</u> .  2 OTNER SIGNIFICANT CONDITIONS	(c)	R AS A CON	SEQUENCE O			rt Disea	ise				
SHOULD ORD "PE CHIEF AN FE USED A LI TOF HE/LURIAL, CURIAL, CU	CERTIFICATION 1840	DATE OF OPERATION	196 CONE	ITION FOR	WHICH OPERA	TION WA	S PERFORM	NED?				20 AUTOF	
DIVISION OF VITAL RECORDS. R: THIS CERTIFICATE SHOULD BE EXECUTE, WRITING THE WORD "PENDING" PRAYARDED TO THE CHIEF MEDICAL R: PAGE 3 SHOULD BE USED AS A BURE ESTATE DEPARTMENT OF HEATH ANN D. 21201 PRIOR TO BURIAL, CREMATI	COL	EXTERNAL CAUSE WAS DERLYING OR NTRIBUTING CAUSE OF	DEATH P.	DF INJURY M. MONTH M.	19	21c. HO		OCCURRED (ENTE	R NATURE OF IN	JURY IN ITEM 18	B PART 1 OR PAR		
TAAAKE - STATE				CTORY, FARM, E			REET		CITY OR TO	IWN	cou	INTY	STATE
CAL EXAMINE THE CERTIFICA SRHOULD BE FG SRHOULD BE FG ATH, WITH TH ORE, MARYLAN	de ACT SIG	UAL PATURE L'ON	rol couses 🛚	Accident	. Suice	Autopsy	Homicie TITLE (SPI	ECIFY)	Inquiry etermined mo DICAL EXAM HEART	anner .	DATE SIGNED	1/23	/82
TO MEDI EXECUTE PAGE 4 TO FUNI BAITING	(TYP	MINER'S NAME GIOV CREMATION, REMOVAL			LO, M. I	^	DDRESS	CUMBERL 1736 L	AND, A	MARYLA		21502	
BP	Bul 24. FUNER	ial AL DIRECTOR	1/26/82	M	adley	Ceme	eterv	RD#	41. B	uffa R ZSA REG	COUN O Mi	lls.	Pa.
DHMH - 17 (VR A15 ME (5)) 15M 2/80	Har	vey H. Ziel	Lger, H	yndma	n, Pa			JAN Z	8 1982	Ma	my of	and the	Mine.

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CUNDERLARD S CONTRACTAL HOSPITAL

MATISCON TRASH ON DAS GIOVARRI GEFRANGELO, M.D. CURRERLAND, PARYLARD E1502

		FOR STATE			ST. DEPARTMENT OF	HEALT	MARYLAND H AND MEN	TAL HYGIĘN	JE 2	0	0	Ú	3	5
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								0.			7		
	I. DE	CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST	01.11	26. DATE KN	NOWN	MONTH	DAY	YEAR	24 HOUR
85			LaDes	sa	Rose		Shinho!	lt	DEATH N	AATED	Jan .	21	19 82	Pom
	3. SEX	3	4 RACE	5. DATE OF BIRTH	6. AGE (IN		NDER 1 YR. IF L	UNDER 24 HRS.	2c. DATE		MONTH	DAY	YEAR	8 HOUR
	F	emale	White	May 25,	1914 67	YRS. MON	THS DAYS HO	DURS MIN'	PRONOUNC DEAD	J.	an. 2	1,	1982	P-M
15	7a BI	RTHPLACE (ST.	ATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARE	RIED NEVER	MARRIED [	9. BALTIMO	RE CITY	OR COUNT			
0	1	W. Va		U.S.A	•	1		IVORCED	AT	llega	nv			AAD
1	10 C	TY OR TOWN	OF DEATH		SPITAL, NURSING HOA		HER INSTITUTION		UAL OCCUPA	TION (TYP	PE OF WORK	12b. KIN	ID OF BUS	SINESS
0	(	Cumberl	and		dmont Ave.	1		FOR	MOST OF WORKIN					Indty
1	USUA 13a. S	L RESIDENCE (	IF IN NURSING HOME	OR OTHER INSTITUTION, G	13c. CITY OR TOWN	SION)	13d. INSIDE CITY LI	112. CZD					, p 02	<u> </u>
5	130.3	Md.	136.COUN	egany	Cumberla				Piedm		Ave.			
. 1	14. F/	THER'S NAME		440045			15 MOTHER'S	MAIDEN NAME						
1	V	illiam		B.	Folev		FIRST Effi		MIDE F.				ller	
1	16a. V	VAS DECEASED	EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORMAN	VT			erland			1
1	(4)	NO OR UNKNO	(IF YES, GIVE	WAR OR DATES)	216-01-30	87	G. Edwa	ard Shin	holt.	205	Piedmo	ant.	Avo	
		18. CAUSE OF	DEATH (Enter on	ly ane cause per line	e for (a), (b), and (c).)						- LOUIL	APE	PROXIMATE	INTERVAL
		PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (a)		AIN D	EGENERAT	TION				BETW	EEN ONSET	AND DEATH
		331	A.	/ DUE TO OF	AS A CONSEQUENCE			TELL SE						
Ballimore, Maryland, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Condition	s, if any, which	(b)	ALZETME	R'S D	ISEASE							
;		couse (o)	stoting the under-		AS A CONSEQUENCE	OF								
		lying cous	e lost.	(c)										
	z	PART 2 OTHER SIG	NIFICANT CONDITIONS		BUT NOT RELATED TO THE TE	RMINAL DISEA	E OR CONDITION GIV	EN IN PART 1 (a).						
-	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	ITION FOR WHICH OPE	RATION	VAS PERFORMED	0?				70. AL	UTOPSY?	
2	5												ES 🗆	NOV
2	1 2	21a EXTERNA		216. TIME O		21c. H	OW INJURY OC	CURRED LENTER	NATURE OF INJUR	Y IN ITEM T8	PART 1 OR PAR		-2 [	
)	1 ×	UNDERLYING CONTRIBUTIN	OR IG CAUSE OF I		A. MONTH DAY YEA	AR								
	MEDICAL	71d INILIRY O	CCURRED	21e PLACE	OF INJURY (AT HOME,		CATION							
	¥	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET		CITY OR TOWN		COU	JNTY		STATE
	1			1.1				spection X,		7				
				E71	scribed obove, held an	Autap	1			,	nd in my op	inion		
		death resulte	d from: Natur	rol couses ,	Accident	vicide L	, Homicide		ermined mann	ner,				
		ACTUAL	Lina	. 10	la stage	18	TITLE (SPEC	100			DATE	11	22/	82
-		SIGNATURE_	1	- M	- Coll	N	I.D. 10010	MED MED	ICAL EXAMIN	VER	SIGNE	D		<u> </u>
1		EXAMINER'S N	NAME 6 10	VANN	MASTR	ANGE	60 (	7005	5700	DR	100-	COL	10=1	21.44
401	73n B		ION, REMOVAL 2	73h DATE	23c. NAME OF C		THE BILL OU		CATION	1410			1361	477
	(5	PEC(FY)					rial Pa	CITY	ORTOWN	nd A	llegs		51A 1/5-4	78
	24 FI	Buria UNERAL DIRECT		Jan 24, 198	LOL Dogs		t. Th		mberla REGISTRAD	MSb. RECK			Mcl.	•
	a:	NAME TOOY-MO	rritt Fu	meral Ser				NTE REC'D. AX	182 4	ance	0	por Calif		
	ST	TCOX-Me	TITOO LO	mier.gr Der	· COMPETTS	T e Ditt	ICI .			-	TIPE			

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR				CERTIF	ICATE O	F DEATH		F	REG. NO.				
		CEASED NAME OR PRINT)	JAMES		MAR	SMITH	AST			NUARY			DAY YEAR	26. HOUR 5:00/	
	3. SE)	(	14 R	ACE		5. DATE C				E IN YEARS			IF UNDER I YEAR	-	
		MALE		WHIT	e			30,190		81			NONTHS DAYS		MIN.
5	(	RTHPLACE (STATE OR COUNTRY) PENNA	FOREIGN 76	U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	V	ER MARRIED [	9 BA			COUNTY	OF DEATH		MD.
		TY OR TOWN OF DEA	ATH 11.	NAME OF H	HOSPITAL, NURSINI H FACILITY, GIVE STREET A ED HEART	G HOME C	R OTHER I		(TYPE	JSUAL OCC OF WORK FOR FARMH	UPATIO	N	12b KIND C	Y CO.	
5	13a. S	ARYLAND	NA COUNTY ALLEG		GIVE RESIDENCE BEFORE 134. CITY OR TOWN FROST BUF	V	13d. INSID	E CITY LIMITS?	? 13e. S	FIREET ADD	SHAC	H FRO	ST VII		
0	14. FA	THER'S NAME FIRST JAMES	MIDD		SMITH LAST			ER'S MAIDEN I LICE	NAME	M	IDD1£	НА	INEY '^	ST	
		VAS DECEASED EVER	IN U.S. ARMES (IF YES, GIVE WA		166 SOCIAL SECUI 218-16-40		17 INFOR	. JAMES	SMI		ADDRES:		181 E, MD.		
	7	Conditions, if ony gove rise to imm couse (o), statir underlying couse	mediate ng the last	(b) DUE TO, OF	R AS A CONSEQUE	ena Vijoc	urd	fuil inl TED TO THE TE	ing	Luc DISEASE OF	of 6	7) TION GIVE	2 EN IN PART 10	mon	1
	CERTIFICATION	19a. DATE OF OPERA	S) ACC	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PER	REORGED		a AUTOIM			WERE FINDS		?
1		21g. ACCIDENT WAS UNI OR CONTRIBUTING []	CAUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c. HOW	/ INJURY OCCI	URRED (	ENTER NATURE	OF INJURY	IN ITEM 18 PA	ART 1 OR PART 2)		
	MEDICAL	21d INJURY OCCUR	OLE []	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCA	ATION REET	<u> </u>	CI	TY OR TOWN	٧	COUNTY	STA	TE
		22s.4 certify that (i) saw the decease above. (Mixe) is	and awe on	Lan	12 198			my) (our) opinio	on death	1	n the date	and hour	ond from the	that (I) (we couses state	,
	0	Mary	Byl	in	H	1	DEGREE	)ATTENDING PHYSICIAN	MEI	DICAL ECTOR	STAFF PHYSICIA	'N []	22c. DATE	SIGNED	
		22d PHYSICIAN'S N	1	MI)	1		22e. ADD	RESS	-						
		CHÁNG	OH. M.D				42	TARN TE	EDRAC	F FD	OCTE	LIDC	MADVI	NID 21	579

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the

DURST FUNERAL HOME

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL SPECIFY)

B URTAL

JAN.20,1982

23b. DATE

57 FROST AVENUE FROSTBURG, MARYLAND 21532

CEMETERY FROSTRIRO

23d LOCATION CITY OR TOWN

STATE

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6	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 0	0 0 3 5
	DECEASED NAME	FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
e p	TITPE OR PRINT	ROY	WILBERT	SMITH	JANUARY 30,	1982 8:33 M
oge 4 mo	Male		Cau.	5. DATE OF BIRTH  30724/10	6 AGE (IN YEARS LAST BIRTHDAY) 71 YRS.	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
death. Po	Pennsylv		76. CITIZEN OF WHAT COUNTRY USA.	MARRIED WEVER MARRIED WIDOWED DIVORCED	Allegany	Y OF DEATH MD
s offer of	10 CITY OR TOWN O		11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		120 USUAL OCCUPATION  (LYPE OF WORK FOR MOST OF WORKING L  POLISHER	126 KIND OF BUSINESS OR INDUSTRY Optical
24ND 212	USUAL RESIDENCE (III) STATE	130 COU	ROTHER INSTITUTION GIVE PESIDENCE REFO	er admission)  NN 13d INSIDE CITY LIANTS?  Ynd ma Des   NO PA	13e RIPE ADDRESS OX 2	
MARYLA mplet Il ond ? Ih	14. FATHER'S NAME Willia	m Smit	MIDDLE LAST	IS. MOTHER'S MAIDEN NA Ida FRESKenn	ME	LAST
BALTIMORE, cate be execut spicion and ca spers. Pages 1 vol. t, the medicol	16a WAS DECEASED I (YES, NO OR UNKNOW NO		RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 214 07	URITY NO. 17. INFORMANT		Box 273
RECORDS, 201 W. PRESTON ST.,  Ilaw requires that the death certifing  os been signed by the attending phoenin. Then please remove carbonome prior to burial, cremation, or removes any injury, or ather traumatic even	Canditians, if gave rise to couse (0), underlying of	any, which immediate storing the ouse lost.	DUE TO, OR AS A CONSEOL  (b)  DUE TO, OR AS A CONSEOL  (c)  CONDITIONS CONTRIBUTING TO	mi Congester	20a AUTOPSY? 20b. IF YE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  WEN IN PART Train  S, WERE FINDINGS USED PYING CAUSES OF DEATH?
DIVISION OF VITAL  OR ATTENDING PHYSICIAN, The hospital or attending physicion the hospital or attending physicion broched for use os the buriol-transity as Dept. of Health and Mental Hygies If Item 21 is marked or Item 18 show the process of the	OR CONTRIBUTING  (IF EITHER NOTIFY  21d INJURY OC  WHILE NOTIFY  AT WORK NOTIFY  22a 1 certify the	CAUSE OF DE. MEDICAL EXAMINED CURRED DI WHILE I WORK at (1) (this haspi ceased olive on we) (did) (did no	HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,  atal) ottended the deceosed from the bady offer death.	PAR 19 21 LOCATION STREET  and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	YES NO YE  RED (ENTER NATURE OF INJURY IN ITEM IB  CITY OR TOWN  1a 1 3 C  death occurred an the date and how  MEDICAL STAFF  DIRECTOR PHYSICIAN [	COUNTY STATE  19 2 , that (I) (we) last or and from the causes stoted  22c. DATE SIGNED
	WILL 230. BURIAL, CREMATI Brechty			NAME OF CEMETERY OR CREMATORY	N. CENTRE STE BERLAND, MARYI	AND 21502
BP	Burlal 24 FUNERAL DIRECTO	P.	2/3/82	Cooks Cemetery		g; Somerset,
DHMH - 16 50M 1/81 (VRA 15, 4)	NAME		gler, Hyndman		B 8 1982 Francis	

HAN PORT OF MEADING PROPERTY YOUR PROPERTY YOU CU TERUAND - MENORIAL NOSPITAL NOT W. CENTRE STREET MILLIAM P. TAMPS, M.D.

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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	o 1, P Cross	O	0	U	8	6
	DEC NO					

	REGISTRAR			CERTIFICA	TE OF DE	ATH	REC	NO.			
	CEASED NAME FIRST E OR PRINT)	d Br	enton	Squir	es	Alle,	20. DATE OF DEAT	MONTH 01	15	YEAR	26 HOUR 5:10p4
3 SE		4. RACE	te	5. DATE OF BI		YEAR 95	6. AGE (IN YEARS LAS	V 2	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
70. B	RTHPLACE (STATE OR FOREIGN COUNTRY) Vest Virginia		what country?	MARRIED WIDOWED X	NEVER MA	ARRIED D	9 BALTIMORE CIT			EATH	MD
	Frostburg	Frostburg Frostburg Community Hospital (Tyge of wyork row most on Retired							GIFE) 121	LKIND CODUSTRY	F BUSINESS OR
130.	AL RESIDENCE (IF NURSING HOME STATE 13b. CO aryland Al	legany	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Frostbu	V 113d.	INSIDE CIT	Y LIMITS?	13e STREET ADDRE		sing	Hom	ne
14 F	ATHER'S NAME UI	WIDDLE	LAST	15.		MAIDEN NA	nnie Dodse	n		LAS	17
	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	166 SOCIAL SECUI		Frost		Community	Hospit	tal,	rost	tburg MD
	Conditions, if ony, which gave rise ta immediate couse (a), stating the underlying cause last.	DUE TO, C	ORAJA CONSEQUE	INT. O	walt	I for	your line	pfer	edie	1	25
CERTIFICATION	PART 2. OTHER SIGNIFICAN		ONTRIBUTING TO D				200 AUTOPSY?	20b IF '	YES, WER	E FINDIN	NGS USED OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURRED)	DEATH HOUR A	OF INJURY  .M. MONTH DA  .M.  OF INJURY	19 2H	LOCATION		RED (ENTER NATURE OF	NJURY IN ITEM I		R PART 2)	
*	WHILE AT WORK 220.1 certify that (1) (this has saw the deceased alive	sp(tol) attended to	neet, Factory, Office, Fa	Jan	14	19 80	deoth occurred an the	15	190	22	that (I) (we) lost
	obave, (1) (w/) (did) did 22b. SIONATURE	not view the body	y ofter death.	DEGR	REE		DIRECTOR PHY			2c. DATE	
	Dr. Chang	/		22e	ADDRESS		TArn Terr		rosti	oura	MD

BP.\_\_\_\_

TO FUNERAL DIRECTOR:

should be detached for with the State Dept. of IMPORTANT: If them 21

DHMH-16 50M 1/81 (VRA 15, 4) 236 BURIAL, CREMATION, REMOVAL 236 DATE 1-18-1981

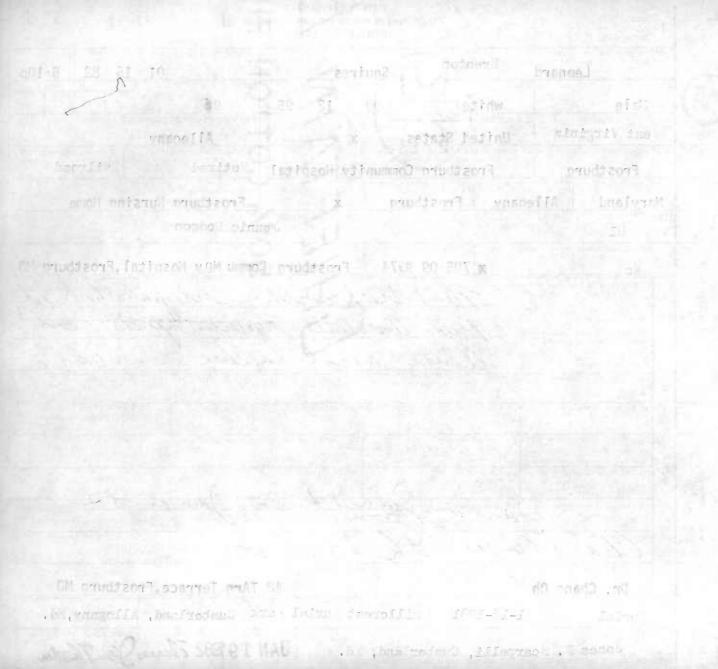
23c. NAME OF CEMETERY OR CREMATORY
Hillcrest Burial Park

48 TArn Terrace, Frostburg MD

ORY Cumberland, Allegany, Md. STATE

James F. Scarpelli, Cumberland, Md.

JAN 191982 Zances Van Hatha



	1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B 2	0 0 0 8 7
		ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
deoth deoth		EUGE	ENE BERNARD	STEIN	JANUARY 18.19	82 11.00 4
pod	3. S	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rs of		MALE	WHITE	MARCH 3 1903	78 YR	MONTHS BATS HOURS MIN.
The same	7a. I	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED	9 BALTIMORE CITY OF COLL	
MAL		MARYLAND	USA	WIDOWED TO DIVORCED	ALLEGANY COL	NTY
	10.0	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
ê# E		CUMBERLAND	SACRED HEART H		RET PRESSMAN	G LIFE) INDUSTRY NEWSPAPER
be be	USU	JAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)		INEWOFACER
Suld must			LEGANY CUMBERL		13e STREET ADDRESS	C CMD wwm
2 sh	_	ATHER'S NAME		15. MOTHER'S MAIDEN N	1 605 N.MECHANT	C STREET
ond ond		GEORGE	W. STETN	FIRST	WIDDLE	LAST
_	160	WAS DECEASED EVER IN U.S. A	The second of th	JRITY NO. 17 INFORMANT	ADDRESS	MARTZ
Poges		(YES, NO OR UNKNOWN) (IF YES, (	GIVE WAR OR DATES)		THE TEN TO THE TEN THE	07500
	-	T	214-05-4		N.JR. LaVALE, MD	
physicio on popers emovol.	15	PART I, DEATH WAS CAUS	1 1 - 1		Muna	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		11 D C IMMEDI	ATE CAUSE (o)	7 47 19 1	Jacker of	1400x
remove corb emotion, or r er troumotic		16 d 7	DUE TO, OR AS A CONSEQUE	ENCE OF		1
motic trou		Conditions, if ony, which gave rise to immediate	(b)			V
, crer other		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	ENCE OF		
pleo priol,	1	DART 2 OTHER SICAUSICAND	(c)	DEATH BUT NOT RELATED TO THE TERM		
hen to bu	Z	TAKI 2 OTTEK SIGNIFICAN	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT KELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
mit. T	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?   20b. IF	YES, WERE FINDINGS USED
ws of	IFIC	_			YES NO NO IN CER	RTIFYING CAUSES OF DEATH?
Hygie 18 sho	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	YES NO
		OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH DA	AY YEAR	THE TENTER WATORE OF INJORT IN TEM	10 PART I OR PART 2)
Item /	S	(IF EITHER NOTIFY MEDICAL EXAMIN		19		
d or	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
olth ond morked	1	AT WORK AT WORK	0.000	4 8	1 ,000	
leolt s mo		220.1 certify that (1) (this hos	pital) attended the deceased from_	30 200 1901	to / S 1627	19 0 , that (IV (we) last
of H 21:		sow the deceased alive a	not view the body ofter death	2, and that in my (our) opinion	deoth occurred of the date and I	nour and from the couses stated
thed thed them them		27h SJGMAHIRE	A/ C//	DEGREE		77E DASE SIGNED
4 0 =		March	V, Y///////	ATTENDING PHYSICIAN	MEDICAL STAFF	Mans.
AN AN		22 d. PHYSICIAN'S MAME (TYPE	E OR PRINT)	22¢ ADDRESS	A SOURCE AND THE PARTY OF THE P	1/100100
ould be de		FRED MILTENBER	DCED M D	1100 C CENTE	D CIDEET CUMPE	DI AND MD OTEGO
of 2 4	-	TI KED PILLENBER	KULK, M.D.	1122 3. CENTE	R STREET, CUMBE	KLANU, MU 21502

73c. NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL BURIAL 24 FUNERAL DIRECTOR

23d LOCATION
CITY OR TOWN
CUMBERLAND ALLEGATY MARYLAND 1-21-1982

EASURE/STEIN FUNERAL HOME; CUMBERLAND, MD 2150

23b. DATE

DHMH-16 50M 1/81 (VRA 15, 4)

THE REPORT OF THE PERSON OF TH Steel Control of the control of the steel of the steel of The same of the same of the same STREET OF THE POST A 발발보고 싶었습니다. 그러나 그 사이트 나타를 다 가는 사이트 (House Here) 그리고 보다.

NAME STEWART FUNERAL HOME OAKLAND, MD 21550

Bradley A

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

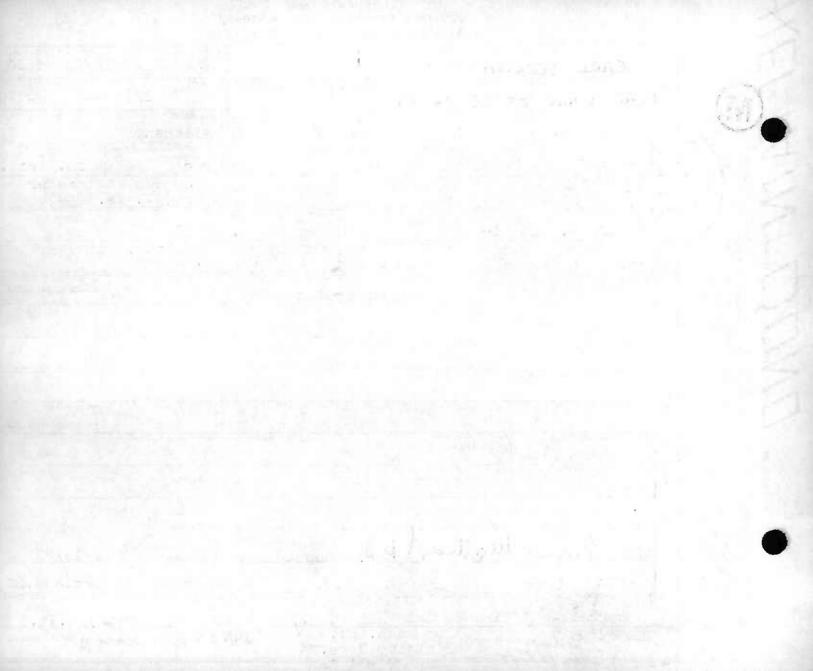
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	per North			
Marin Wang	A CONTRACTOR AND A STATE OF			

-1-	STATE OF MARYLAND	
1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 0 0  STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	009
17	REG. NO.	
(	TYPE OR PRINT!	19/82 4:30
2 0		19/04 4:30
3. 3	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 7 / 7 O	/82 YEAR 2d. HOU
7.	11 0 411 03 27 23 3 1 1RS.	19
70.	EOREIGN COUNTRY) MARRIED   NEVER MARRIED	ITY OF DEATH
	Renick, W. Va. USA widowed \( \text{widowed \text{M}} \) Divorced \( \text{II} \) Allegany  CITY OR TOWN OF DEATH \( \text{II} \) NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION \( \text{IVE} \) USUAL OCCUPATION (TYPE OF WORK)	M.
	(IF NOT IN SLICH FACILITY GIVE STORET ADDRESS)	OR INDUSTRY
		Gen.Elect
130.	STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS 2 136 STREET ADDRESS C/O PC	ostmaster a. 25434
14.	FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
1	Claude R. Sutphin Margie B. Kellison	LAST
160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 TWO AMARTINI TO THE TOTAL TO	te 3 Bx75
	Yes Navy WW2 236-24-5565 Bluefield, Va. 24605	Ce ) DA/)
	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
	PARTI DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease	BETWEEN ONSET AND DEAT
	MMEDIATE CAUSE (a) AT CETTOSCIETO TO THEATE DISEASE	
	Canditians, if any, which	
-	gave rise to immediate (b)	
	lying cause last.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
Z		
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
1 1		YES NO.
7 8	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	
1	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
1 3	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	OUNTY STATE
	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection XX Inquiry XX. and in my a	pinian
	death resulted fram: Natural causeXXX Accident , Suicide , Hamicide , Undetermined manner ,	
	ACTUAL VIOLE (SPECIFY)	7 /7 0 /00
	SIGNATURE MEDICAL EXAMINER SIGN	ED1/19/82
7	EXAMINER'S NAME Giarranii Martananala M. D. 000 Coton Drive Civ	nhowland MI
-	(TYPE OR PRINT) GIOVANII Mastrangelo, Maddress 900 Seton Drive, Cui	merrand, Mr
23 a	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COLLY OR TOWN	JNTY STATE
24	Burial 1/21/1982 Camp Hill Cem., Paw Paw, (Morga	in) W. Va.)
74.	FUNERAL DIRECTOR ADDRESS 208 Wash. St. 25a DATE RECOMPRIEGISTRAP 23b, REGISTRAR'S	SIGNATURE
-	Berkeley Spgs.XX	0)
- 4	West Virginia	



1	2	1 1	tems #5,00cl3e F	11m G56.	3 1/25/8	2 rostal	E OF MARYLAND	29 /9	(1 A	7 11 15
X	1	11	FOR - STATE		DEPAR		HEALTH AND MENTAL H	rgiene 0 2	UU	n A n
		L	REGISTRAR			CERTI	FICATE OF DEATH	REG. NO	<b>o</b> .	
	n		ECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	ath ath		MARY	El	ZABETH	T	HOMAS	JANUARY :	3, 1982	3:30 Am
	En de	3. SI	X	4 RACE		5. DATE	OF BIRTH 1910	6 AGE (IN YEARS LAST BIRT		DATS HOURS MIN
. 1	8 18 8		Female	Whit	_	Dec		70-	YRS.	THOURS MIN.
	h. and 2 h.	70 E	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	r? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	ATH
	deor hin 7		laryland	USA		WIDOW	ED XX DIVORCED	All	legany	MD.
	the	0	ITY OR TOWN OF DEATH	( IF NOT IN SU	THEACHITY GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION	ON 12b K	KIND OF BUSINESS OR
201	file file		CUMBERLAND	MEMORIAL HOSPITAL		Housewif	Home			
., BALTIMORE, MARYLAND 2120	4 hou ded in Id be	130	AL RESIDENCE (IF NURSING HOME OF	NTY	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	71 Green	e St.
AN	2 = 3 E)		D All	egany	Cumber	land	YES X NO	72 Green	e Street	
ARY	d within pletely and 2 shiner	1 14.1	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN N			LAST
¥ .	E a (2/1		Benjamin F. Ha					ice M. Welsh		
ORE	e execu			VE WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT	ADDRE		
NE I	d 0.5. 5		No		217 28		Mrs. Marga	ret Hardman		
BA	physici popper nevel.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause pe	line far (a), (b),	and (c	CI	1	BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
				TE CAUSE (a)	Cana	10 ger	me sho	de		
O	cording or no property		4100	DUE TO, O	R AS A CONSEO		1.0	T , T.		
RES	atte otto		Conditions, if any, which gave rise to immediate (b) Acutt Myorarchial Inforction							
Α.	by the se rer crem		couse (a), stating the underlying couse last.  DUE TO, OR A\$ A CONSEQUENCE OF							
102	s the		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
08,3	sign hen p b bu	CERTIFICATION	1	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONE	ITION GIVEN IN PA	ART Ita
Ö	v rec		190 DATE OF OPERATION	LIGH CONID	CLU CCU	HOPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE	ENID LOCALIST
REG	n. n. perm	5	THE OF GREATION	170 COIND	IIIOI41,9k WIIIC	IN OPERATIO	WAS PERFORMED		IN CERTIFYING CA	AUSES OF DEATH?
IA	ysicio cate P cate P ensit Hygie 8 sha	H	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	F INJURY		121r HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	YES 🗌	NO 🗌
> F	A THE		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH		110 110 110 110 110 110 110 110 110 110	LENIER NATURE OF INJUR	Y IN HEM IS PART I ORP.	ART 2)
NO	HYSK Iding is cer burio Ment	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P. PLACE	M. OF IN IURY	19	21f. LOCATION			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ond sed on the sed on	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE	FARM ETC )	STREET	CITY OR TOV	wn coul	NTY STATE
۵	or se os		220-1 certify that (1) (this hasp	ital) attended th	e deceased fram	1 -	10 8	_ to \ -	3 198	that (I) (we) last
	TTEN portol TOR for u		saw the deceased alive ar abave, (!) (we) (did) (did no				nd that in (my) (aur) apinia	n death accurred an the da		am the causes stated
	haspit haspit IRECTC hed for ept. of them 21		22b. SIGNATURE	11) view the body	//		DEGREE			DATE SIGNED
	AL OI the AL DI letach ore De		Robertien	10/1	7 James	10 1	MA ATTENDING PHYSICIAN	MEDICAL STAF	FIANT	1-4-82
	HOSPITAL ined by th FUNERAL uld be detected to the Store ORTANT: It		22d PHYSICIAN'S NAME (TYPE'		7 00000	1	122e ADDRESS	7		
			DR. ROBUSTIA	NO J. BA	ARRERA		CUMB	RIAL HOSPITAI ERLAND, MARYI	AND 215	D BUILDING
	of of shape	23a.	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	21)	V
	BP		Burial	1-6-82				k. Cumberla	nd Allega	nv MD
0	DHMH - 16 50M 1/81	24 F	UNERAL DIRECTOR			5 111		ATE REC'D. BY REGISTRAR	DE RECISTRANT	GNAUN -T
	(VRA 15, 4)		JAMES F. SCARE	ЕПП С	UMBERIAN	D, MD		AN 1 1 1982	have	Mariente
		-							- 0	

1181-00.00 Apenda - Brooms - SC refyral . Talletien date . . edate 217 28 9502 Haw Seigenet Yestman Sunsepland, No. on yourself broken and the reform decreaffile Sheles taken

I D	REGISTRAR	E FIRST				ER'S CERTIF		DEATH	REG.	_	3	to all	
	PE OR PRINT							2a. DATE OF	ESTI-	XX wo	нтис		Zh HOUR
3. SE	Y	Bruc 4. RACE	S. DATE OF B	T.	6. AGE IN YEA	Twigg			MATED		INTH		82 A
		1 A 1 A 1	MONTH	DAY YEAR	LAST BIRTHDA	Y) MONTHS DAYS	HOURS	MIN PRONOU	NCED	MO.			10.11001
	male SIRTHPLACE IS	white	9-9-	-1961 OF WHAT COU	20 YR			DEAL		(00.66	22		82 2:42
	OREIGN COUNTRY)				NIKT?	MARRIED   h		O of the	MORE CITY	******			н РМ
10 0	Mary	Land	U.S		I IDSINIC HOME	OR OTHER INSTIT	DIVORCE	12a. USUAL OCCU	Alleg				F BUSINESS
1	Frostbu	rg	Fros	tburg C	ommunit	y Hospit		FOR MOST OF WO	rking Life)	TYPE OF W	ORK 112	Sign	USTRY Co.
USU 13a. S	AL RESIDENCE STATE	(IF IN NURSING HOME O	R OTHER INSTITUTI	ION, GIV'L PESIDENC	CE BEFORE ADMISSION	N) .		3e. STREET ADDR	ESS			-	
_	Maryla		egany	Fr	ostbur		NO DY	Rt. 3	, Bo:	x L	7		
14. F	ATHER'S NAME		MIDDLE		LAST	15. MOT	HER'S MAIDEN	NAME	MIDDLE			LAST	
	Rona		E.		igg		Carol			Gr	eer	1	
160.	WAS DECEASED YES, NO, OR UNKNO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		CIAL SECURITY		RMANT		ADDRE	AL	t.3		x 47
_	No			21		725 Mrs	. Caro	ol Twig	g, F	ros	tbu	irg,	Md.
	18. CAUSE O	F DEATH (Enter and ATH WAS CAUSED	y ane cause pe									APPROX BETWEEN	MATE INTERVAL
H.	001		E CAUSE (a)_		rocution								
17	Condition	ns, if any, which	DUE TO	O, OR AS A CO	NSEQUENCE O	F							
-	gave ri	se ta immediate	(b)_										
		stating the under-	DUE TO	O, OR AS A CO	NSEQUENCE O	F							
	lying cau	ac iusi.											
1			(c)_									7	
NO		GNIFICANT CONDITIONS C		DEATH BUT NOT REL	LATED TO THE TERMIN		IDH GIYEN IN PART	1 (g),					
ATION	PART 2 DTNER SI		CONTRIBUTING TO					1 (a).				2D. AUTO	PSY?
FIFICATION	PART 2 DTNER SI	GNIFICANT CONDITIONS C	CONTRIBUTING TO			NAL DISEASE OR CONDIT		1 (a).					
CERTIFICATION	PART 2 DINER SI	GNIFICANT (DNDITIONS OF	19b. CC	ONDITION FOR	WHICH OPERA	NAL DISEASE OR (DWDIT	ORMED?		nokálu liew	18 ÇART I	OR PART	YES	NO [
AL CERTIFICATION	PART 2 DINER SI 190. DATE OF 210. EXTERNA	OPERATION  L CAUSE WAS	19b. CC	DINDITION FOR	WHICH OPERA	ATION WAS PERFO	ORMED?	tenter nature of in				yes ne in	
EDICAL CERTIFICATION	PART 2 DINER SI  190. DATE OF  210. EXTERNA UNDERLYINA CONTRIBUTII 214. INJURY C	OPERATION  AL CAUSE WAS  OF OR  OF CAUSE OF D  OCCURRED	19b. CC 21b. TIA DEATH	AE OF INJURY  ALM: MONTH  P.M.  ACE OF INJURY	WHICH OPERA	ALDISEASE OR COMDIT	ORMED?	TENTER NATURE OF IN TO CUTEd ized ele	ctric	al s	sigr	YES (	X NO C
MEDICAL CERTIFICATION	PART 2 DINER SI  190. DATE OF  210. EXTERNA UNDERLYINA CONTRIBUTII 214. INJURY C	GNIFICANT (DNDITIONS C	19b. CC 21b. TIA DEATH	ME OF INJURY	WHICH OPERA	ALDISEASE OR COMDIT	DRMED?	tenter nature of in	ctric	al s		YES (	NO Contac
MEDICAL CERTIFICATION	PART 2 DINER SI  19a. DATE OF  21a. EXTERNA UNDERLYING CONTRIBUTII 21d. INJURY C WHILE AT WORK	GNIFICANT (DNDITIONS OF COPERATION)  AL CAUSE WAS GOOD CAUSE OF DOCCURRED TO THE COMMENT OF THE COPERATION OF WHILE	19b. CC 21b. TIA HOUSE 21b. TIA HOUSE 21c. PL 21c. PL	AE OF INJURY P.M. ACE OF INJURY	WHICH OPERA 1/22/1902 Y (ATHOME, ETOTE	ALDISEASE OR COMDITION WAS PERFO Subjection at 211 LOCATION STREET	DRMED?	lenter nature of the trocuted ized ele	ctric	al s	sigr Lfeg	yes one in	NO Contac
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3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 7c. DATE MONTH DAY YEAR 7d. HOURS MIN PRONOUNCED 1/28/82  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MACHINE THE MACHINE STATE OR FOREIGN COUNTRY?  8. MARRIED NEVER MARRIED S. BALTIMORE CITY OR COUNTY OF DEATH Allegany	NO	REGISTRAR DECEASED NA	ME FIRST	ad	MIDDLE	1	LAST	20. DATE KNO OF ES DEATH MA		DAY YEAR	76. HOUR
TO SHIRTHPLACE (STATE OR FORCES)  TO SHIRTHPLACE (STATE OR FORCED TO THE TOTAL	N STREE		4. RACE	S. DATE OF BIRTH	lá. AGE	THDAY) MON	NDER 1 YR. IF UNDER 24 H	RS. 2c. DATE	MONTH	DAY YEAR	2d. HOUR
10. CITY OR TOWN OF DEATH   11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   126 USUAL OCCUPATION (TIME OF WORK)   170 KIND OF BUSINESS OR INDUSTRY   170 KIND OF BUSINESS OR INDUST	35 70	BIRTHPLACE FOREIGN COUNTR	r)		HAT COUNTRY?	8. MARE	A	9. BALTIMORE			M
136. STATE   137. CITY OR TOWN   131. CITY OR TOWN   131. CITY OR TOWN   132. STREET ADDRESS   132. STATE   132. MODINE   133. CITY OR TOWN   134. STATE   135. MOTHER'S MAIDEN NAME   135. MOTHER'S	9	Nike	p	IN THE INSUCHE	Cur Give Sire in the	is deli				12b. KIND OF BU OR INDUSTR	SINESS
15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   15. MOTHER'S MAIDEN NAME   16. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   16. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART I DEATH WAS CAUSED BY:   16. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   18. CAUSE OF DEATH WAS CAUSED BY:   18. CAUSE WAS UNDERTIFIED BY ON THE PART I OF PART I 18. CAUSE WAS UNDERTIFIED BY ON THE WAS CAUSED BY:   18. CAUSE WAS UNDERTIFIED BY ON THE WAS CAUSED BY:   18. CAUSE WAS UNDERTIFIED BY ON THE WAS CAUSED BY:   18. CAUSE WAS UNDERTIFIED BY ON THE WAS CAUSED BY:   18. CAUSE WAS UNDERTIFIED BY ON THE WAS CAUSED BY:   18. CAUSE WAS UNDERTIFIED BY ON THE WAS CAUSED BY:   18. CAUSE WAS UNDERTIFIED BY ON THE WAS CAUSED BY:   18. CAUSE WAS UNDERTIFIED BY ON THE WAS CAUSED BY:   18. CAUSE WAS UNDERTIFIED BY ON THE WAS CAUSED BY:   18. CAUSE WAS UNDERTIFIED BY ON THE WAS CAUSED BY:   18. CAUSE WAS UNDERTIFIED BY ON THE WAS CAUSED BY:   18. CAUSE WAS UNDERTIFIED BY ON THE WAS CAUSED BY:   18. CAUSE WAS UNDERTIFIED BY ON THE WA		a. STATE	13K COUN	ITY	13c CITY OR TO			STREET ADDRESS	Zip Ce	de 215	46
The course of operation   The course per line for (a), (b), and (c).	0	Tre	xel		Warni		Laurel	Brea	dwater	LAST	
PART I DEATH WAS CAUSED BY:    PART I DEATH WAS CAUSED BY:   PART I DEATH WAS CAUSED BY:   PART I DEATH WAS CAUSED BY:   PART I DEATH WAS CAUSED BY:   PART I DEATH WAS CAUSED BY:   Conditions, if any, which gove rise to immediate cause (a) stating the under-lying cause last.   (c)	1 16	(YES, NO, OR UNK	NOWN) (IF YES, GIVE	WAR OR DATES)						Nikep	Md
210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  WHILE ONT WHILE STREET, FACTORY, FARM, ETC.)  STREET STREET CITY OR TOWN COUNTY STATE	CREMATION, OR RE	gave cause lying c	rise to immediate a) stating the <u>under-</u> ause last. SIGNIFICANT (DNDITIONS	(c) CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	611b	SE OR CONDITION GIVEN IN PART 1 10			termine	d
AT WORK AT WORK	TO BURIAL,		NAL CAUSE WAS	21b. TIME O	FINJURY	21c. H		NTER NATURE OF INJURY IN	I ITEM 18 PART 1 OR PAR	YES 🗆	
22a. I certify that I took charge of the remains described obave, held an Autopsy , Inspection , Inquiry , and in my apinian death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL , LITLE (SPECIFY).  DATE 1-78-05		CONTRIBU	TING CAUSE OF	DEATH P.A.	A. 1 OF INJURY (AT HO)	AE, 21f. LC		CITY OR TOWN	cou	NTY	STATE
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ē ⊢ s × ₹	23a. 8	SURIAL, CREMATION	, REMOVAL	23b. DATE	23	. NAME OF	EMETERY OR CREM	MATORY	23d. LOCAT	ON	cc	OUNTY	STATE
BP	L '	Buria		Jan	25,1982	Mt Her	man Cemet	erv	Cumb	erland			Maryland
MH - 16 50M 1/76		JNERAL DIRECTOR			ADDRESS	404 De	catur St	250. DATE RE					
(VR A 15 (4))	S	lcox-Mer	ritt F	uneral	Service.	Cumber	land Md	JAN	211	107 0	idres	Jan	-/ lather
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Envised den 25, 1982 to person octor than order de faut very and house the same responding to the contract of the contract of

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST FIRST MIDDLE 2a DATE OF DEATH 26 HOUR TYPE OR PRINT! :50P CLARA MAY WELCH JANUARY 31,1982 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 25,1905 Female White June 76 TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED USA Marvland WIDOWED ALLEGANY COUNTY DIVORCED [] O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Cumberland TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SACRED HEART HOSPITAL Housewife Own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany LaVale 217 National Highway Marvland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Winfield Andrew Rice Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Ray L. Acherson, Cumberland, Md. 12-74-9672 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a + mucardial Conditions, gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER NOTIFY MEDICAL EXAMINERS PM 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY CITY OR TOWN STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 STREET NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from\_ sow the deceased alive on above, (1) (we) (cha) did not view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINTS 925 BISHOP WALSH DRIVE CUMBERLAND, MD. 21502 GARY L. WAGONER M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

DHMH - 16 50M 1/81

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Burial 24 FUNERAL DIRECTOR KIGHT FUNERAL HOME (VRA 15, 4)

I SPECIFY)

CUMBERLAND.MD.

CITY OF TOWN

1982St.Peters&Paul Cem Cumberland Allegany 309 DECATUR ST 250. DATE REC'D. BY REGISTRAR MAREGISTRAR'S SIGNATURE

COUNTY

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	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 2 REG. NO.	0 0	) 9 5
		CEASED NAME FIRST		Margare		lson	To DATE OF DEATH MON	6 8	7 5 40 P
	3. SE	Female	4. RACE Cauca	sian	3 DATE O	29 1905	AGE IN HARLANDENHOLAY	YRS.	FEAR FUNDER 24 HES
35	Ma	IRTHPLACE (STATE OR FOREIGN COUNTRY) BRYLAND	USA	WHAT COUNTRY	MARRIE	D NEVER MARRIED D	9 BALTIMORE CITY OR CO	OUNTY OF DEAT	H MD.
Of mortifie	Ct	ITY OR TOWN OF DEATH  Imberland  AL RESIDENCE (IF NURSING HO)	Lions	Manor, Se	eton D	or other institution rive	12a USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORK Service	RKING LIFE) 126 KIN INDUS HO	tel
35	130 S	aryland A	ounty Llegany	13. CITY OR TOY	WN -	13d. INSIDE CITY LIMITS? YES MO	931 Gay Street	et	
examin 1		Clifton	MIDDLE	Wilson		Gertrude	WIDDIE	Lehm	an
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lui kuo smo	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATION	WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FIN CERTIFYING CAU YES	NDINGS USED ISES OF DEATH?
I Hem 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF ETHER, NOTIFY MEDICAL EXAM	F DEATH HOUR A	M. MONTH D	PAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN 1		
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MPOKTANI: If Ifem 21 is morked or Ifem		sow the deceosed alive obove, (1) (we) (did) (du 27b. SIGNATURE 27d. PHYS CIAN'S NAME, (1	d not) view the body	6 10		DEGREE ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	nd hour and from	the couses stoted ATE SIGNED
	23a E	Anthonial, CREMATION, REMO	70 P VAL   23b. DATE   1-9-19		NAME OF CI	EMETERY OR CREMATORY Cer & Paul Cen	23d LOCATION Cumberland		STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Scarpelli, Cumberland, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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4			1 -	STATE		DEF		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	,		
	e 3 ath			CEASED NAME Chai		MIDDLE A.	Li	Inters	20. DATE OF DEATH	AONTH DAY	YEAR 82	26 HOUR_
	moy pog er de		3 SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTH	IDAY) IF UND	DER I YEAR	IF UNDER 24 HRS
	or.			Male	Whi	Lte	9-5	-1912 YEAR	69	YRS	S DAYS	HOURS MIN
0	(M)	35		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUR	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF		EATH	MD.
	V	b D	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, N		PR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12		BUSINESS OR
5	by th	10	(	Cumberland				urseing Hom		ed IN	Cela	anease
ND 212	24 havi	35		L RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION	13c. CITY OF	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			4 54
RYLA	etely 2 sh	hiner	14 FA	THER'S NAME	AIDDLE	LAS	43- N V.	15. MOTHER'S MAIDEN NA.	ME _MIDDLE		LAST	
X A	ond ond	( ) ( ) ( ) ( )		William			ters	Mary	A.		Hunt	
ORE,	xecund co	dicol		'AS DECEASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDRES			
TIMOI	be e	e me		no				Mrs.Mary A	.Winters	Midla	nd, I	id.
PRESTON ST., BA	leath certificat ittending physi ve carban,oap ion, or remova	oumatic event,		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE!  IMMEDIAT!  Conditions, if ony, which	E CAUSE (0)	KIN	SEOUENEE OF	regions l	rosis	u	Mis	nate u
201 W.	uires, that the c signed by the a en please remai	ury, or other tro	Z	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT C	DUE TO, O	KA	SEQUENCE OF	UTANIO EL 199	otic HEER	T BUILDING IVEN IN	PART II	gers
RECORDS	w req	ny in	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEI	RE FINDING	3S USED
LRE	on. has the	Smo Z	IFIC		9 9 5 5		//	0	YES NO NO	IN CERTIFYING YES	CAUSES	OF DEATH?
OF VITA	CIAN: Ti physicie prtificate ol-tronsit	n 18 sh		2]g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER)	10	OF INJURY .M. MONTH	H DAY YEAR	21c HOW INJURY OCCUR		IN ITEM 18, PART 1 C	R PART 2)	
DIVISION OF VIT	attending fer this ce is the burn	rked or It	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N CC	YTAUC	STATE
Q	TTENDIN bital or TOR Af for use a	21 is mo		22a.1 certify that (I) (this haspit sow the deceased alive on	1- 73	3	Care	nd that in (my) (our) opinion	, to	19. <b>8</b> te and hour and	-	not (f) (we) lost ouses stated
	OR ATTI e hospit DIRECTO ached for Dept. of	Hem		obove, (1) (we) (did) (did not 226. SIGNATURE)	I) view the body	offer deoth.		DEGREE			22c. DATE S	IGNED
	AL C the AL D defactor	<u>#</u>		Toppele	100	19h	Alle	ATTENDING PHYSICIAN	MEDICAL STAF		12	4 8%
	ro HOSPIT etoined by TO FUNER should be o	PORTAN		22d PHYSICIAN'S NAME (TYPE OR	JOSY 2	Ed	MD	President	con la	1554	5	
	D = 5 + 3	₹	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	CDUN	ty	STATE
	BP			Burial	1/26	/82	St.Jos	ephsCemete	ry Midland			Md
1	OHMH - 16 60M 1/75 (VR A 15 (4))			NERAL DIRECTOR NAME ichhorn klinei	ral He	ADDRI		ing. Md -	HECO BY RIGISTRAR	The state of	FIGNATO	BE 2 L.

Port of the Control o Fig. 1-2-- atim Ambout ad . Wilesony County Wayseing Home Actions . Celanoses Are, Mary A. ditters Widlers, Do. LENG STOTEN CATLORIA STORE Las overed relations may Letterin Viewsbell wie West Edition - 1400 Chile of Lebrah Park Junior which I to the the there incered to the neigl 2/25/82 St. Josephaconterv Midland . . . . xd

Andrews Anterol Make Londoning, Ed

VA		FORT tem 15 9564 2/11/02 dad STATE OF MARYLAND  PEPARTMENT OF HEALTH AND MENTAL HYGIENE	1097
10	10	1- FOR I tem 15 g564 2/11/82 DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	# 2000 m	1. DECEASED NAME FIRST MIDDLE LAST TO DATE KNOWN OF ESTI- DEATH MATED  1. DECEASED NAME  (TYPE OR PRINT) Guy R. Wishard  1. DECEASED NAME  OF ESTI- DEATH MATED  OF ESTI- DEATH MATED  1. DECEASED NAME  OF ESTI- DEATH MATED  OF ESTI-	77/82 0145
	APA DE	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MON	TH DAY YEAR 2d HOUR
1 S	THE STATE OF THE S	M Cau Manth 26 44 LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 1/7/	
	RCESS NORM FOR PREST	76. BIRTHPLACE (STATE OR FOREIGN SOUNTRY)  76. CITIZEN OF WHAT COUNTRY?  8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COL	
	270 2	PENNA. U.S. A. WIDOWED DIVORCED Allegany	MD
	SERVE S	10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	OR INDUSTRY
	AIN PAIN PAIN PAIN PAIN PAIN PAIN PAIN P	USUAL RESIDENCE (IF IN NURSING HOME OF THE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  MANAGER  MANAGER	Truck lenminal
21201	**************************************	136. STATE  Penn.  Alexandria  136. INSIDE (ITY LIMITS?  136. STREET ADDRESS  Penn.  Alexandria  YES NO Alexandria	Penna.
A O	1C 303.7	14. FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME S MIDDLE	LAST
ORE	TO SA NESS	Raymond G. Wishard Martha Anna Fr Culp	
W. PRESTON ST., BALTIMORE, MD	DURS AFTER DE 18. GIVE PAGE 19. WITH FORM MIT. PAGES 1 E, DIVISION OF	145. NO. OR UNKNOWN)   116 YES, GIVE WAR OR DATES) 205-35-7458 Raymond G. Wishard - Chambi	lay Hill Rd.
7.	MIT.	18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	24 HO ITEM 1 LONG PERMI GIENE,	IMMEDIATE CAUSE (o) Fractured Skull  ( DUE TO, OR AS A CONSEQUENCE OF	Sudden
RES	ER A LNSII	Conditions, if any, which With he wohice	Sudden
	AIN OR P	couse (a) stofing the under-	Buddell
20	NI LINI	lying cause lost.	
DIVISION OF VITAL RECORDS.	ULD BE EXECUTED WITHIN 24 HOUF "PENDING" IN PENCIL IN ITEM 1B. FF MEDICAL EXAMINER ALONG W FED AS A BURIAL - TRANSIT PERMIT. HEATTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).	
1 8	E E O F	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR AM MONTH DAY YEAR 21C. HOW INJURY OCCURRED (ENTERNATURE OF INJURY) HOUR AM MONTH DAY YEAR	2D AUTOPSY?
<u> </u>	E SHOUL VORD "F C CHIEF BE USED NT OF H BURIAL,	210. EXTERNAL CAUSE WAS 210. TIME OF INJURY 711 HOW IN HIRY OCCUPATED SENTED NATURE OF INJURY IN 15th 19 0 APT LO	YES NOXX
Ö	A TABLE A		
Si	CERTIFICATE WITHOUTHE WOED TO THE SAHOULD BEPARTMEN I PRIOR TO FAMELIA PRIOR TO BEPARTMEN A PRIOR TO BEPARTMEN A PRIOR TO BE A P	UNDERLYING ON CONTRIBUTING CAUSE OF DEATH 014 FM. 1/7/8219  21d. INJURY OCCURRED  21e. PLACE OF INJURY   AT HOME.  STREET. FACTORY, FARM, ETC.)  STREET CITY OR TOWN	
) N	WRITI WARDE WARDE PAGE 3 TATE DI	WHILE AT WORK AT WORK - STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  A1 Lec	COUNTY County TATE
	R: TH	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my	<i>y</i> 3
	AND THE STATE OF T	death resulted from / Natural causes . Accident , Suicide . Homicide . Undetermined manner .	филоп
3	EXA CERT JID DIRE WIT AAR	ACTUAL TITLE (SPECIFY)	
	AATH AATH		TE ENED 1/3/82
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHEXELUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CITE OF ENNESS SHOULD BE AFTE PREATH, UNITE THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BUILD INCOME.	EXAMINER'S NAME Paul Snow, M.D. Memorial Hospita:	
		230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN Antrim Tup, Fra	OUNTY STATE
	BP	74 FUNERAL DIRECTOR	S SIGNATURE
1	DHMH - 17 (VR A15 ME (5))	Marin Holes - Given Castle, Pa, 1250 DATE REC'D. BY REGISTRAR 1250. REGISTRAR JAN 12 1982 Trucks Q	a. 96-1
1	15M 2/80		RAIRIE

\$ 1/7/82 016S bandard R voo 2 24 44 32 K waterpla x Later of the property of the property beauty Fonn. Lackett S Alexandria A. C. C. Committee L. Committee Daysond C. Michard branche Anna Ser Culo and skull Lader Strain ploidov ve viii OLGENIA 1/7/92 Pating bit by waviers bt 40 Allegany The state of the s 12/3/82 Paul Snow, M.D. "Snowial Hospitals Sware States and an order to the same of t TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Poge 4 may be

etained by the hospital ar attending physicion.

BP. DHMH - 16 50M 1 (VRA 15, 4)

	FOR T - STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND FOF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 8 2 0	0098
	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Garnett	Muncy Yos		Janua <b>t</b> y 14, 19	
	Male Male	White	DATE OF BIRTH MONTH DAY YEAR 9/1/22	6. AGE (IN YEARS LAST BIRTHDAY)  59 YRS.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
85	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) W. Va.	16 CITIZEN OF WHAT COUNTRY? 8.	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY Allegany Cou	
52	10. CITY OR TOWN OF DEATH  Cumberland, Md	11. NAME OF HOSPITAL, NURSING HO (HE NOT IN SUCH EACHLITY, GIVE STREET ADDRE Sacred Heart Ho:	55)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR
35	Maryland All	or other institution, give residence before admi inty Lgany 13 City Dr Town Lgany	13d. INSIDE CITY LINUTE?	Rt. # 1 Md. St.	Rt. # 35
10	14. FATHER'S NAME FIRST  Garnett	Muncy Yost	15. MOTHER'S MAIDEN N.	Belle	Moreland
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECURITY  V. # 2 216-18-18		ompton, Rt. # 1 B	ox 363, Cumb. N
70		only one couse per line far po), (b), and ic; ED BY: ATE CAUSE (a)	ine any	Mmia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ony, which gove rise to immediate cause (0), stating the	(b) DUE TO, OR AS A CONSEQUENCE	of which De	generation	10%
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	VEN IN PART I 10
2	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPER	RATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
9			YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18, F	PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF B  IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (1) (this has	oital) attended the deceased from	, 19, 19, ond that in (my) (aur) opinian	ta, ta, death occurred an the date and hou	19, that (I) (we) last r and from the causes stated
	226 SIGNATURE	dyrous	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	1-14-82
1	Victor E. Me	azzocco, M. D.	912 Seton 1	Or. Cumberland, M	d. 21502
	230 BURIAL, CREMATION, REMOVA (SPECIFY)  BURIAL		of cemetery or crematory owship Cem.		Bedford, Penha.
		yne George ADDRESS Home, Greene St.,	21502 250 JA	TE REC'D. BY REGISTRAR 256 REGIST N Z U 1982	

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	AU SHI VEYN			ns harn .	

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ARTMENT	OF	HE	ALI	H	AND	MENTAL	HYGIENE

DEP

1 05						REG			
		RST	MIDDLE		LAST	2a. DATE OF DEATH		DAY YEAR	2b. HOUR
TYP	PE OR PRINT)	ILLIAN I	MARIE	ZARGER		JANUARY	27, 19	82	11:27A
3. SE	X	4. RACE			OF BIRTH "	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
_	emale	Whit	е	Aug.	26,1905	76	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREI	GN 76 CITIZEN OF	F WHAT COU	VTRY? 8	D NEVER MARRIED	9. BALTIMORE CIT		Y OF DEATH	
	'irginia	USA		WIDOWE		ALLEGANY	COUNTY		
	ITY OR TOWN OF DEATH			IURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUP	ATION	12b. KIND O	F BUSINESS O
	mberland	SACRE		T HOSPITA	AL	Housew:	STOF WORKING	OWN	home
USU 13a	AL RESIDENCE HE NURSING P	HOME OR OTHER INSTITUTION	N. GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	ss		
Ma	ryland A	llegany	Cumb	erland	YES NO 🗆	Mechan		reet	
14. F/	ATHER'S NAME	MIDDLE	IA.		IS. MOTHER'S MAIDEN NA				
	James	MIDDLE	Ros	,	Lula	MIDDL	E	Keys	
	WAS DECEASED EVER IN L			SECURITY NO.	17 INFORMANT	AD	DRESS	iceyi	- L
1	YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	220-1	0-1733	Charles W.	Couter C	Cumbei	rland	Md.
14	Conditions, if any wh		DR AS A PN	SEQUENCE OF	ents. B	Lections	)	90	010
TIFICATION	Conditions, if any, who gove rise to immedicate (a), stating underlying cause in PART 2. OTHER SIGNIFIC AS (4).	ote the DUE TO, Cost.  ANT CONDITIONS C	DRAS A CONS POSS CONTRIBUTION	SEQUENCE OF SEQUENCE OF STO DEATH BUT The nul	not related to the term	Levlend	JOB IF YE IN CERTI	VEN IN PART 10	igs used
MEDICAL CERTIFICATION	gove rise to immedicouse (o), storing underlying couse In PART 2. OTHER SIGNIFIC AS H. S.	ich ote the ote of the	OR AS A CONTRIBUTION OF INJURY OF INJURY OF INJURY OF INJURY	SEQUENCE OF STO DEATH BUT LICH OPERATIO	NOT RELATED TO THE TERM	20a AUTOP YES NO	JOh. IF YE IN CERTI	WERE FINDING CAUSES	IGS USED OF DEATH?
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	GOVE rise to immedicouse iol, storing underlying couse in part 2. OTHER SIGNIFIC STATE SIGNIFIC SIGNIFIC SIGNIFIC STATE SIGNIFIC	ich of the other the other the of the other th	OF INJURY TREET, FACTORY, O	SEQUENCE OF CALL OF CA	NOT RELATED TO THE TERM  WAS PERFORMED  21c. HOW INJURY OCCURI  21l. LOCATION STREET  20 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	200 AUTOPH YES NO RED (ENTER NATURE OF I	NJURY IN ITEM 18	COUNTY	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

FOR STATE

Burial Jan.30,82 Hillcrest Burial PkCumberland

24 FUNERAL DIRECTOR

KIGHT FUNERAL HOME, 309 DECATOR ST., CUMB. MD.2150FFB 1 1984

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SERVICE OF SOME OF STREET, OF SOME DATES THE LANG.